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BENEFITS AND SERVICES FOR FORMER PRISONERS OF WAR

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HEARING

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BEFORE THE

SUBCOMMITTEE ON COMPENSATION, PENSION, INSURANCE, AND MEMORIAL AFFAIRS

OF THE

COMMITTEE ON VETERANS' AFFAIRS HOUSE OF REPRESENTATIVES

NINETY-SIXTH CONGRESS

SECOND SESSION

JUNE 25, 1980

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Prisoners of war ± ~~H.J.~~ med care
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HOUSE COMMITTEE ON VETERANS AFFAIRS, SUBCOMMITTEE ON COMPENSATION, PENSION, INSURANCE AND MEMORIAL AFFAIRS

WEDNESDAY, JUNE 25, 1980

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS AFFAIRS,
Washington, D.C.

The subcommittee met, pursuant to notice, at 8:30 a.m.

Chairman MONTGOMERY. Good morning. The Subcommittee on Compensation, Pension, Insurance and Memorial Affairs will come to order. Some of my colleagues will certainly be in in just a minute. Before introducing our first witness this morning, we have some former prisoners of war who are here this morning. One is from my home State and very active.

I would like for Earl Derrington from Jackson to stand up. Earl, you might introduce those other former prisoners of war. [Made introductions.]

General Flynn?

General FLYNN. Yes, sir. I represent the Air Force Association. I'm their adviser for veterans affairs. I also represent Vietnam POW's.

Chairman MONTGOMERY. We know a lot about you, and it's certainly good to see you again. How long were you a prisoner?

General FLYNN. Five and a half years.

Chairman MONTGOMERY. In the Vietnam war, as I recall.

General FLYNN. Yes, sir.

Chairman MONTGOMERY. Thank you very much, General Flynn. [Applause.]

I would like to review what we have done in the past, which has not been enough, for the ex-POW's. Without objection I would like to have my full statement submitted for the record, and then I would like to make a few comments.

Certainly the experiences of POW's in all wars have been extremely brutal, especially those who were held captive in the Far East, including Korea and Vietnam and other countries in that part of the world.

The Veterans' Administration, as I understand it, over the years has tried in their own way to give special interest and care to the ex-POW. The records show that 10 percent of all veterans receive some type of compensation compared with 43 percent of the former prisoners of war who receive some type of compensation. However, the existing data also indicates that a high proportion of living former POW's are more severely disabled, 50 percent or greater, than other living veterans. Fifty percent of them will have some type of ailment that will show up.

In October 1979, in legislation that this Congress passed, it extended the dental care benefits for former prisoners of war, and the law said that ex-POW's of World War I, World War II, Korean war, and Vietnam war who had served in prison longer than 6 months are eligible for dental care, the same as we give the 100 percent service-connected veteran.

Nevertheless, we have got to go forward in finding out more about the ex-POW. We found out also in this study that the POW had the same problem that a number of Americans who have been discharged from the service had—they were so anxious to get home and to their families that they did not take the time to receive proper medical care and mental care, and therefore our records are not good at all pertaining to the ex-POW when he received his discharge.

With the help of the ex-POW associations, we last year, in the compensation bill of 1978, required that the Veterans' Administration, working with the Defense Department, make a study of former prisoners of war. That's what this hearing is all about today, to hear from the Administration and find out what they have to say about this study.

After briefly glancing at the study, it seems that the Veterans' Administration did a good research job, and I also would like to hear from our ex-POW's who are here.

[Statement of Chairman Montgomery follows.]

PREPARED STATEMENT OF CHAIRMAN MONTGOMERY

The subcommittee will be in order.

This morning we meet on a subject which has been of utmost concern to me and to my colleagues in the Congress—that is, that former prisoners of war are receiving the level of benefits and services to which they should be entitled as a result of their internment.

As a member of this committee as well as the committee on Armed Services, I am very much aware that POW experiences are extremely harsh and brutal, both physically and mentally.

The Congress and the Veterans' Administration have generally accorded former POW's special consideration in determining eligibility for health care benefits and disability compensation claims. This is reflected by the fact that although former prisoners of war are often among those veterans who have the least documentation of injury or illness during military service, as a group they have received service-connected disability ratings to a greater degree than have war veterans in general.

Statistics based on comparisons of veterans and former prisoners of war on VA compensation rolls show that less than 10 percent of war veterans receive compensation compared with 43.6 percent for former prisoners of war.

However, existing data also indicates that a significantly higher proportion of living former POW's are more severely disabled—50 percent or greater—than other living veterans.

The Congress has on several occasions passed legislation liberalizing eligibility requirements for VA benefits for this most deserving class of veterans. The most recent, (Public Law 96–22, effective October 1, 1979) expanded dental care benefits for former prisoners of war. This law provides that veterans who were prisoners of war during World War I, World War II, the Korean conflict or the Vietnam era for not less than 6 months, are eligible for any needed dental care from the Veterans Administration, the same as veterans with 100 percent service-connected disabilities.

Nonetheless, there remains major concern as to whether former prisoners of war are able to prove service connection for disabilities attributable to the conditions of their capture and imprisonment.

Some claim that their ability to prove service-connection for disabilities is hampered because there are inadequate medical records, and certain disabilities which were originally considered to be minor at the time of release from service

are now becoming more serious. Although the planners had made provisions for extensive workups at time of release from captivity, the obviously overwhelming desire to be reunited with their families played havoc with the health care program so carefully designed for them.

Advancements in medical knowledge have revealed that serious health impairments can result from POW or concentration camp imprisonment. P.L. 95–479, the Veterans' Disability Compensation and Survivors' Benefits Act of 1978, contained a provision mandating the Administrator of Veterans' Affairs and the Secretary of Defense to carry out "a comprehensive study of the disability compensation awarded to, and the health care needs of, veterans who are former prisoners of war". The law also specified that the report include "recommendations for such administrative and legislative action as the Administrator considers may be necessary to assure that former POW's receive compensation and health care benefits for all disabilities which may reasonably be attributed to internment".

The results of the study conducted by the Veterans Administration was recently submitted to the committee. I have looked through it and I must commend the VA for their research efforts. It seems most thorough. I look forward to hearing the agency's comments and recommendations.

In addition, we have with us this morning a group representing ex-prisoners of war. I am sure their testimony will be most helpful to us in our consideration of this report.

Our first witness is Mr. Raymond S. Blunt, the Assistant Administrator for Planning and Program Evaluation of the Veterans Administration. Mr. Blunt, you may introduce the people accompanying you and proceed as you wish.

Chairman MONTGOMERY. Before calling on Mr. Blunt, who is the Assistant Administrator for Planning and Program Evaluation, I would like to hear from Mr. John Paul Hammerschmidt, the ranking member of the Veterans' Affairs Committee on the minority side.

Mr. HAMMERSCHMIDT. Thank you, Mr. Chairman. I want to commend you for having these hearings, and I want to thank your witnesses for being with us this morning. As I understand the purpose of the study, it was a comprehensive study of the health care and compensation needs of veterans who were formerly prisoners of war. I won't take any of our witnesses' valuable time, and I look forward to hearing them.

Thank you, Mr. Chairman.

Chairman MONTGOMERY. Thank you very much.

As I said, I want this to be a fair hearing, and if we can't finish by 10 o'clock, we will probably have to schedule other hearings. If the witnesses could be brief this morning, it would be most helpful.

Quite frankly, we have legislation on the House floor that affects all of us in this room. We are taking up peacetime registration this morning and we've got to get that out. The Nation needs some type of registration and we're going to have to have all our forces over there fighting hard for that legislation.

Mr. Blunt, if you will introduce your other colleagues from the Veterans' Administration, we would certainly like to hear from them. I know they must have had something to do with writing the report. I'm very glad to welcome you here this morning.

Mr. BLUNT. Thank you, Mr. Chairman.

Let me introduce the individuals at the table. Each of these persons was involved in the task force which prepared the study which you have in your hands today.

On my far left is Mr. Thompson, who is from the Office of the General Counsel. Next to him is Mr. Mars from the Department of Veterans Benefits. On my immediate right is Mr. Wilburn from my organization, who headed the project team which wrote the study.

Dr. Ewalt, from the Department of Medicine and Surgery, and at the far right, Mr. Ibson, who is also from the Office of the General Counsel.

Mr. Chairman, I have a very brief statement which I will now read.

Chairman MONTGOMERY. Without objections, your full statement will be put in the record, and any other gentlemen that would like to put a statement in the record, that will be provided for.

STATEMENT OF RAYMOND S. BLUNT, ASSISTANT ADMINISTRATOR, VETERANS' ADMINISTRATION

Mr. BLUNT. I am pleased to be here today on behalf of the Veterans' Administration to discuss our recently completed POW study, a study which was mandated by Public Law 95–479, and was conducted during the period of time between November 1978 to May 1980.

It was a cooperative effort by the Administration and the Department of Defense to review the disability compensation and health care needs of veterans who are former prisoners of war.

Several major actions were taken in order to accomplish the objectives of this study. These included conducting extensive background research, developing lists of former prisoners of war from World War II through Vietnam, comparing VA computer systems data on POW's with non-POW's who served during the same periods, reviewing a representative sample of claims folders of former POW's, and reviewing medical literature on health care problems of former POW's.

In developing the historical information, we also worked with representatives of such organizations as the National Archives and Records Service, the Library of Congress and the National Academy of Sciences. Historians of the military services provided us with useful information, and we had frequent contact with the service centers for repatriated Vietnam POW's.

Veterans organizations, and particularly, I might add, the organizations of former prisoners of war were consulted throughout this study for the benefit of their suggestions and their comments and information.

I would like to also add that we received extensive correspondence from individual ex-POW's and their families. Oftentimes, personal diaries were sent which documented the capture situation.

It was these personal encounters with former POW's, and their intense interest in this study, that provided the members of this study team and the task force with a real education and enabled us to present to the Congress a report that is analytical in that it, I think, recognizes the true horrors of the POW experience.

We reviewed and analyzed records and procedures relating to capture, internment and repatriation, the health-related problems former POW's have experienced over the years, and the implementation of laws and procedures specific to former POW's.

Several foreign governments were also contacted for brief overviews of the benefits available to their citizens who have been prisoners of war.

We found that the administrative and medical repatriation procedures, while they were comprehensive and well developed, were not fully implemented. As a result, many former POW's do not have

repatriation examinations in their records, and many did not have adequate repatriation examinations. This was especially true of World War II European Theater POW's.

We found that former POW's have a significantly higher incidence of service-connected disability, from a wider range of disabilities than do their non-POW veteran peers. The most prevalent condition is anxiety neurosis. The former POW's are also more severely disabled than their counterparts who were not POW's.

The review we conducted of the medical literature relating to POW illness confirms that the POW experience has had an extremely adverse effect on the POW's health.

During our review we found that the VA generally accords the former POW's special consideration when their entitlement to compensation or health care is determined. However, we believe that there are several legislative and administrative actions which should be taken to assure that former POW's receive the compensation and health care benefits for all disabilities which may reasonably be attributed to their internment. We are recommending that the Congress take the following legislative actions:

Expand medical care eligibility for former POW's to provide them with VA hospital and medical services for any disease or neuropsychiatric disability;

Eliminate the requirement that psychoses suffered by former POW's must become manifest within 2 years of service separation to presume service connection;

Third, to designate a specific date as an annual National POW/MIA Recognition Day to honor or recognize the extreme sacrifice made for their country by this special group of combat veterans.

We look forward to working with this subcommittee to develop these proposals.

In addition, the VA will be taking administrative action on behalf of former POW's, and we have begun some of these administrative actions already. The following actions are either currently being implemented or will soon be taken:

The adoption of a standardized protocol for disability compensation examinations for former POW's;

Continuing followup medical treatment and research of former Vietnam POW's by both DOD and VA;

Establishing within the VA a previously proposed advisory committee of authorities on POW-related disabilities;

Making specific reference to former POW's in VA guidelines on "Post Traumatic Stress Neurosis;"

Implementation of VA procedures for conducting and studying pathological material examinations of former POW's;

Reviewing the VA manual and computerized records to determine which of those should also receive special POW identifiers;

Emphasizing POW-related procedures to VA personnel through VA information and internal education programs;

Designating a VA Central Office coordinator who will be responsible for assisting in and monitoring POW-related areas of concern.

Mr. Chairman, that completes my testimony. I will be happy, and the individuals here will be happy, to respond to any questions which you might have about the study.

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Chairman MONTGOMERY. Thank you very much, Mr. Blunt.

Would any other witnesses like to comment at this time? We would be glad to hear from them. If not, we'll go into questions.

We're very glad to have Mr. Mica of Florida here this morning.

Mr. Hammerschmidt has pointed out to me that Bill Gardiner, who is the retired legislative director of the DAV, is in the audience. We waved at him when he came in. He was shot down twice over Germany during World War II and was a prisoner of war for a considerable period of time. We would like to have him stand, if he would. Bill Gardiner. [Applause.]

Mr. Hammerschmidt.

Mr. HAMMERSCHMIDT. Thank you, Mr. Chairman.

Mr. Blunt, or other members of the panel, I wonder if there are figures available for Vietnam era POW's, showing the comparable length of internment, the age at capture, and the age at release. Are those figures in that study?

Mr. WILBURN. Yes, sir. I believe the length of internment is discussed and there is comparative data available; yes, sir.

Mr. HAMMERSCHMIDT. I wonder could you tell me offhand where that would be?

Mr. WILBURN. Sir, the average length of internment for the Vietnam POW is much longer than for any other group of POW's, approximately 5 years, whereas Bataan-Corregidor POW's were interned for approximately 3½ years.

Mr. HAMMERSCHMIDT. I've located that table on the European theater. I see it on World War II Pacific. I see it on Korea, but I don't see it on Vietnam, on page 46 of the report.

Mr. WILBURN. We just didn't include those figures in the report. They are available, sir.

Mr. BLUNT. That information is available. We can supply that.

[Information follows:]

Vietnam era POW's

Average length of internment (days/years)	1, 635/4. 48
Average age at capture (years)	30. 2
Average age at release (years)	34. 6

Mr. HAMMERSCHMIDT. You mentioned that you contacted 12 former POW prison camp physicians and you received only one rather perfunctory response. It just seems to me as a layman that that information from these physicians would be invaluable, and I wonder why you didn't puruse those communications further in order to obtain it. Was that considered too difficult?

Mr. WILBURN. We wrote to 12 former POW physicians: three from the European theater, six from the Pacific theater, and three from the Korean conflict. We received replies from seven of the physicians: one from the European theater and six from the Pacific theater. Due to limited time, we were unable to resolicit the comments of those who did not respond. The physicians who responded wrote personal letters, some very brief, describing their experience. They didn't provide detailed information and we simply didn't have time to meet with them personally and gather more information.

Mr. HAMMERSCHMIDT. How long were you putting this report together, since it was first started?

Mr. WILBURN. About 15 months.

Mr. HAMMERSCHMIDT. And it was due in January or February, and it came out in May—came out in June and it was due in February, but still didn't have time to pursue that very important bit of information from those physicians?

Dr. EWALT. I might add to that, in the literature review, there were a number of papers, publications in both scientific and lay journals, by prisoners-of-war physicians mostly written shortly after discharge.

They described in some detail their problems in getting medical supplies. When a Red Cross package would come in, how the health improved and then went down again, and so forth, so that was covered in the literature review, and I believe some of that is in the report.

Mr. HAMMERSCHMIDT. Yes, I note that it is in the report from those particular publications, but it just seemed like since you were making a special effort to obtain more information that, rather than go to the files, we might have pursued further that particular valuable bit of information.

With respect to medical repatriation processing after World War II for POW's detained in the Pacific Theater, your data focuses on the Morgan Board examinees who comprised only 4,618 POW's out of the Pacific Theater POW group of 21,713. More than 10,000 others of this group were Americans. Were they examined, and is the data from their examinations available, if they were?

Mr. BLUNT. We did an examiniation of a representative sample of claim folders from individuals who were Pacific prisoners of war for evidence of repatriation examinations and also for the quality and extensiveness of those examinations. The Morgan Board report was additional information to the particular review.

Mr. HAMMERSCHMIDT. You indicate in your study that the recorded legislative history gives no indication as to why or how the 6-month minimum internment requirement was decided upon with reference to eligibility for consideration as having suffered dietary deficiencies and other maltreatment.

Do your proposed legislative changes seek to eliminate this distinction?

Mr. WILBURN. No, sir, it does not.

Mr. BLUNT. That is not provided.

Mr. HAMMERSCHMIDT. Do you make any suggestion one way or the other about that in your report?

Mr. BLUNT. In discussing this, that was a determination which was originally made by Congress. We are providing that information to you, based upon our review of that information.

Mr. HAMMERSCHMIDT. In other words, you think that's a judgment that we should make, taking the facts of your report.

Mr. BLUNT. We wanted you to be aware of the background of that situation and what evidence is available, yes, sir.

Mr. HAMMERSCHMIDT. I believe that's all I have right now, Mr. Chairman. Thank you.

Chairman MONTGOMERY. Mr. Mica?

Mr. MICA. Thank you, Mr. Chairman. I appreciate the opportunity of serving on this committee while this report is being presented. I look forward to working with the committee in implementing some of its recommendations. I was interested, in reviewing some of

your recommendations, they are quite far-reaching, and I think they do deserve the full attention of our committee. I will do all I can to be helpful on that. Thank you.

Chairman MONTGOMERY. Thank you.

Mr. Blunt, let me thank you for this concise report you've given us this morning. It spelled out what the Congress should do and what should be done by the Veterans' Administration.

Did you get good cooperation from the Department of Defense in working on this report, Mr. Blunt?

Mr. BLUNT. We had excellent cooperation, particularly from Capt. Peter Flynn, who is also a medical doctor and who is involved with POW affairs with the Department of Defense. We worked closely with him throughout the time of the report.

Chairman MONTGOMERY. Is anybody here this morning who is active now with the Department of Defense?

Mr. BLUNT. Captain Flynn was not able to be here for the hearing. I do not believe that he sent a representative.

Mr. WILBURN. Sir, I might add we also got excellent cooperation from what was formerly called the Navy Center for POW Studies, which is in San Diego. It's now part of the Naval Health Research Center. Also from the Air Force at San Antonio, at Brooke Air Force Base, School of Aerospace Medicine.

Both of those organizations are still actively following and researching the Vietnam POW.

Chairman MONTGOMERY. So you had the services totally involved in this study?

Mr. WILBURN. Yes, sir.

Chairman MONTGOMERY. I'm not sure the report says this. I might have missed it.

What is the general status of the ex-POW's today, as far as fitting into the community and being regular citizens? Are they different from ordinary soldiers who were not prisoners of war? Does the report point this out, other than the medical problem?

Mr. WILBURN. We don't specifically address that, sir, but I think there are some indications from the high incidence of anxiety neuroses and things like this that would seem to indicate that they are having maybe more problems fitting into the community than their compatriots. We didn't specifically address that.

Chairman MONTGOMERY. I assume that would be for the Vietnam era veteran.

Mr. WILBURN. All POW's.

Chairman MONTGOMERY. All POW's across the board?

Mr. BLUNT. Yes, sir.

Chairman MONTGOMERY. Will you be submitting a formal proposal which will include information about the cost of the legislation that might be implemented by the Congress, and also by the Veterans' Administration—the steps that you said need to be taken, Mr. Blunt?

Mr. BLUNT. Sir, this report was coordinated with the Office of Management and Budget, at which time we did supply budget figures to them for the legislative proposals.

The estimates which we supplied them amounted to approximately $10 million for the health care provision, for expanded health care for POW's, and approximately $1 million related to caseload and to

increasing compensation for POW's suffering from psychoses. These were the two budgetary figures, total of $11 million.

Chairman MONTGOMERY. That's annually, $11 million?

Mr. BLUNT. $11 million annually, yes, sir. We have not done a cost estimate on the administrative provisions, although these expenditures would be minimal.

Chairman MONTGOMERY. Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. Mr. Chairman, we have had some real criticism on this report, saying that there is nothing new in it and it took 2½ years to prepare it, and there are no proposals that would really improve the status of former POW's.

Would the panel care to comment on that very general comment?

Mr. BLUNT. We have taken 1½ years to prepare this report, and have done extensive work. We believe that the legislative and administrative provisions as proposed in the report will do substantially what the Congress has asked us to do, and that is to assure that former POW's receive the health care, benefits, and compensation which they deserve.

Mr. WILBURN. Sir, may I add that we now have a computerized listing of POW's so we can identify POW's. That didn't exist before.

We compiled and researched a lot of information to try to summarize, to try to put in one place in a research form, the information that is already available.

It's true that it is relatively limited in terms of scope; the amount of original research we did as opposed to summarizing and analyzing the information collected and produced by other people, is limited, but we think some of these things are going to be of very vital importance in the future.

Mr. HAMMERSCHMIDT. Well, I was using the camp physicians' questions that I put to you as an example of not understanding why you didn't pursue more diligently the opportunity to retrieve new information, perhaps, if it was there. Maybe you did; I'm not sure.

Can you tell me how much this report cost the Government?

Mr. WILBURN. No, sir. We haven't done a summary on that. The main cost was for salary.

Mr. BLUNT. We can compute those costs for you.

Mr. HAMMERSCHMIDT. Would you furnish that to us for the record, just for our own information?

[Information follows:]

Total cost to the VA was approximately $336,000.

Chairman MONTGOMERY. Thank you.

Mr. Fleming, Mr. Hammerschmidt, and I have been talking about introducing legislation that you recommended in the report pertaining to laws that need to be changed and new laws that need to be enacted.

As far as we know, the OMB has not—as you said, it might cost an additional $11 million—has not submitted a cost increase recommendation to Congress.

Do you know if OMB is familiar with what this report is recommending?

Mr. BLUNT. Yes, they are. This report was cleared through OMB prior to submission to Congress. They are very familiar with it, and we have a written response from them to that effect.

Chairman MONTGOMERY. That brings up another question. Did the OMB write the report? Is everything that you recommended in the report in here?

Mr. BLUNT. There is not one single change made to the report by OMB—either minor or major change.

Chairman MONTGOMERY. That's rather unusual. They rewrite the defense reports on us, and I'm glad to hear that they haven't changed anything in your report.

Mr. BLUNT. That's right, sir.

Chairman MONTGOMERY. Mr. Blunt, I hope you, Mr. Wilburn, and the others can stay in case we do have further questions to ask. I'm sure the ex-POW's and the veterans' organizations will bring up other questions. I know you gentlemen would like to get back to your jobs, but you can keep who you like around here, Mr. Blunt. It would help us because I think we can finish up by 10 o'clock.

Mr. HAMMERSCHMIDT. Mr. Chairman, just for the record, I would like to make one more comment.

Since the panel has no recommendation on the 6 months minimum internment requirement—and I'm assuming they are speaking for the VA—I'm pleased to know that this committee, in its own wisdom, will use its legislative expertise to find the answer to that problem. If we can't find it from the report, we'll have to come to our own determination on that, and I think that that may be well.

Chairman. MONTGOMERY. Thank you.

Thank you very much, Mr. Blunt, and if you will, keep part of your group around.

We would like to call, now, Mr. Stanley Sommers and Mr. Herman Molen, who is the—Mr. Molen is the national commander of the American Ex-Prisoners of War, and the senior vice commander is Mr. Sommers. Your written statement will appear at this point in the record.

[Statement follows:]

STATEMENT OF STANLEY G. SOMMERS, NATIONAL SENIOR VICE COMMANDER, AMERICAN EX-PRISONERS OF WAR, INC.

Mr. Chairman and members of the committee, thank you for the privilege of appearing before this distinguished Committee to present the views of the American Ex-POWs Association on this timely and important report.

We are deeply appreciative of the continuing concern of this Committee and its central role in the legislation mandating this study. We are also appreciative of the sincere and dedicated efforts of the Veterans Administration to develop a thorough and comprehensive review and analysis of all factors relating to the consequences of captivity on later physical health and psychological well-being on the 95,000 living American veterans who endured this experience. Sadly, we know its consequences—as do you—on the 17,026 who did not survive internment to see their homes, families—and country—ever again.

Before commenting on the conclusions and recommendations contained in the report, we would like to first take a few moments to tell you how former prisoners-of-war feel about their country.

First, they love their country very, very much. They have a special reason for this beyond those wonderful things about the United States of America shared with other veterans and Americans—and particularly members of this Committee. That special reason is our appreciation of freedom. By losing our freedom for months and years we have truly come to understand and value how important it is. Our greatest suffering was not the brutality, starvation, degradation, and other forms of dehumanization—but the loss of freedom. We will always be grateful to our country for having had the opportunity to serve in its defense and live under its principles.

Second, perhaps because prisoners-of-war were so grateful to have their freedom back—and be home—many of us simply did not ask for anything more or burden our country with our health and adjustment problems. One related aspect of this is that POWs had learned to live with illness and pain in prison camps. We learned not to complain but to go on and make the best of it since our captors provided little or no medical attention or cared whether we lived or died.

Unfortunately this attitude often carried over at the time of repatriation and thereafter. We didn't complain about our medical problems or go to the military dispensary for help. We did not know about the military plans to provide a thorough physical exam—a plan that all too often could not be carried out because of other realities confronting our medical units. Later when a physical exam was given at the time of separation from service, we accepted the cursory nature of that examination and often failed to mention important health problems. After getting out of service many of us contined the same pattern. We made it on our own as long as we could or went to our family doctor. However, the consequences of our failure to complain, conditioned by POW experiences, combined with the failure of military services to carry out thorough physical examinations, and with our tendency after service to go to the family doctor—if anyone at all, is that now many of us have no medical records that would answer many of the questions concerning onset of physical or mental problems, or when symptoms first began.

We sincerely believed that, if we ever really needed help from the VA, the factors described above would be understood and help would be forthcoming. This is not intended to be critical of the VA since they have their rules and regulations. We just did not know! As you are well aware, as a group, POWs have not pressed for special benefits. We do so now—35 years after WWII—because problems arising out of the long-term consequences of deprivation, stress, and brutality are forcing us to do so. It is with these perspective in mind that the following specific comments are made.

MAJOR FINDINGS

We are in full agreement with four of the five major findings. The first merits stating here since it provides the perspective for the recommendations themselves.

"One finding which is essential for understanding this entire study is that the POW experience—characterized by starvation-diet, poor quality or non-existent medical care, 'death marches', executions and torture—has historically been an extremely harsh and brutal experience."

Quoting selectively from other findings:

"The survey of medical literature . . . points out that the POW experience affects their current health status . . . that many of the present physical problems . . . may be attributable to the malnutrition and brutality just as many of their present psychological problems can be attributed to the stress of internment . . . psychological problems, in the form of anxiety neurosis and psychosis, are particularly prevalent among former POWs."

". . . former POWs have a significantly higher incidence of service-connected disability . . . than other WWII veterans.

". . . the most prevalent service-connected condition . . . from the time of repatriation to the present, is anxiety neurosis . . . this . . . (comparison) persists *regardless of the length of time* in captivity.

We disagree with the major finding:

". . . that in determining eligibility for health care benefits or in ajudicating compensation claims, the VA *generally* accords former POWs the special consideration to which they are entitled under current statutory and regulatory provisions."

We believe that in claims reviews and appeal board action the reverse is true. The burden of proof is supposed to be on the government, but when medical records are absent or "silent" (meaning the military medical examination did not cover the area in question), the decision is almost always made in favor of the government. The "reasonable doubt" doctrine is anything but that. It is further defined by VA as a substantial doubt. We find in case after case the absence of a prior medical record of the disease is taken as absence of the disease itself. This occurs despite experiences in captivity of such severity that no competent physician would assert that deprivation leading to the death of many others in the same camp leaves the survivors unaffected.

The POW who tried to pick up the pieces of his life after repatriation and discharge; who held a job and supported his family for many years; who lived with his chronic and diverse physical symptoms and emotional problems; who tried to

be independent—to reestablish self-confidence and pride; has virtually no chance of obtaining service connection even for diseases known to have insidious onset and often triggered by severe trauma of the type suffered in POW camps.

Where is the reasonable doubt? It seems unreasonable to assume that conditions which killed some POW's, led to service-connection for a diversity of medical conditions for some POW's, left the remainder totally unaffected. These latter all too often had the same symptoms, they just had not reported them to medical personnel. The general scientific findings that POWs have significantly higher incidence rates of all types of conditions is virtually ignored in weighing reasonable doubt in favor of the veteran. The simple fact is that, unless the veteran can provide the documented medical records, the claim is routinely denied.

A related problem occurs in determining service-relatedness for anxiety disorders wherever chronic alcoholism is a presenting problem. This is always interpreted by VA as evidence of willful misconduct and never recognized as only one of the symptoms of the continuing anxiety or depression. It seems unreasonable to assume that a man could have been a prisoner of the Japanese for years, been starved, beaten, degraded—and have an alcohol problem later totally unrelated to these experiences and the known psychological residuals that exist:

VA RECOMMENDED LEGISLATIVE ACTION

Recommendation 1.—That former POWs be made eligible for hospital care and medical services with the same priority as a service-connected veteran seeking care for a non-service connected condition.

Comment.—In the form presented this is a shameful, meaningless, and deceptive recommendation, unresponsive to the facts so thoroughly documented in the report. It offers nothing since service-connected veterans have no priority over other veterans for a non-service-connected condition unless 50 percent or more disabled—and such a stipulation was left out of the VA recommendations. We are deeply disappointed that VA would make such a misleading recommendation. We urge that the recommendation be amended by adding "on the same priority and eligibility basis as a veteran 50 percent or more service connected who seeks treatment for a non-service connected condition." This modification does not affect service-connection itself, nor does it add additional cost to the total medical care budget. It only gives the POW higher priority for existing health care services.

Recommendation 2.—That the two-year limitation on presumption of psychoses be removed.

Comment.—We concur with this recommendation but find it so limited in scope as to be totally unresponsive to the facts presented in the body of the report. These facts conclusively document that POWs typically suffered dehumanization and stress of such a scope and duration as to damage subsequent coping capacities, self-esteem and self-confidence, and result in chronic anxiety, tension, or other psychological disorders and adjustment problems. We strongly recommend that this be expanded to include any diagnosed psychiatric disorder including post-traumatic, neurosis, depression, and anxiety neurosis, with or without alcoholism. We further recommend that where a diagnosable psychiatric condition is not found, the POW be provided professional psychological readjustment counseling by the Department of Medicine & Surgery on a priority basis as needed.

Recommendation 3.—That a specific date be designated as an annual National POW/MIA Recognition Day.

Comment. Recommend approval.

We are mindful of the problem posed by too many nationally designated days, but offer the following two reasons in support. First, commemorates the extreme sacrifices made for their country by these combat veterans. Second, it can serve as a special reminder of the extreme importance of freedom to all Americans.

OTHER INDICATED LEGISLATIVE ACTION

We were deeply disappointed that the VA failed to include a recommendation to eliminate the 6-month minimum time-in-POW-status requirement in order to qualify for most of the existing and proposed benefits. In fact we were shocked by this failure since the VA report documents that it was arbitrarily selected for administrative reasons many years ago with no scientific or medical basis supporting it. Information in the report itself—and in the major findings—show that it is invalid and grossly unfair. VA's own records show that all POWs have higher incidence roles of disease than other veterans.

The tragedy here is that some 23,554 Americans were captured during the Battle of the Bulge in World War II. Nearly 20,000 of these were captured during December alone and were prisoners only a few weeks short of 6-months. It seems particularly thoughtless—or heartless—to exclude these veterans from POW benefits. Can anyone who lived during that time forget the daily stories showing Nazi atrocities against those unfortunate enough to be captured? They had to cope with the severest forms of starvation, deprivation, degradation, and stress. Most survived because of their youth and initial good health, but many paid a price later in acclerated general decline in health or in many more illnesses and adjustment problems than other combat veterans of the same period.

We call to your attention the many recent public statements made by public officials concerning the irreparable damage being sustained by Americans held hostage in Iran. These concerns were expressed long before the 6-month point had been reached. We further call to your attention the eloquent description by Ambassador Diego Ascencio of the rapid and extreme changes in many of his fellow hostages during the 21-day Bogota, Columbia episode.

We urge in the strongest terms that all references to time in captivity be eliminated. This would total approximately 25,000 veterans of whom more than 18,000 were POWs nearly 6 months. An alternative would be to follow the lead of Canada which selected a special event—as the Dieppe Raid—as the qualifying date for deserving veterans to qualify for certain benefits. The Ardennes (December 16, 1944 through January 25, 1945) could be selected for this purpose.

ADMINISTRATIVE RECOMMENDATIONS

Recommendation 1.—That VA's forthcoming guidelines on posttraumatic stress neurosis include explicit references to former POWs as well as other combat veterans and be used to diagnose, treat, and rate former POWs.

Comment.—Strongly agree and support.

Recommendation 2.—That VA develop a standardized protocol for conducting disability and compensation examinations on all former POWs, using that developed by the military for Vietnam POWs as a guide.

Comment.—Strongly agree and support.

Recommendation 3.—That followup treatment—and research—of former Vietnam POWs continue and involve VA medical centers and staffs as necessary and appropriate.

Comment.—Strongly agree and support.

Recommendation 4.—That VA establish an agency advisory committee of authorities on types of disabilities prevalent in former POWs.

Comment.—Strongly agree and support.

Recommendation 5.—That VA implement procedures for conducting thorough pathological autopsy examinations on former POWs where possible.

Comment.—We strongly agree and support with the suggestion this include findings on POWs who died in other than VA or military hospitals where possible.

Recommendation 6.—That VA take steps to identify all POW records so that this critical information can be known to anyone using these records as a part of serving or evaluating those veterans.

Comment.—Strongly agree and support.

Recommendation 7.—That VA periodically remind, inform, and educate employees concerning POW needs, problems, and benefits.

Comment.—Strongly agree and support.

Recommendation 8.—That VA designate certain individuals to be VACO coordinators within the agency, with POW's individually and groups, with DOD, and that their duties include monitoring agency followup on the study recommendations.

Comment.—Strongly agree and support.

OTHER INDICATED VA ADMINISTRATIVE ACTIONS

As we indicated in our negative comments on major findings, we believe it is imperative VA review and revise its regulations and guidelines for applying those regulations on reasonable doubt, burden of proof, and the like. We are preparing more detailed suggestions as to how specific rating board and appeal board policies and guidelines might be improved to more fairly assess POW claims and will be pleased to provide these in the near future.

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CONCLUDING REMARKS

We are deeply grateful of the strong interest of this Committee in those American servicemen who served their country honorably and faithfully and willingly paid the price of captivity under the most adverse circumstances.

These proud Americans want no more than what is truly necessary and fair. Many of them have felt let down by their country in their hour of need as the enduring impact of the hardships faced increasingly take their toll on health and happiness. Enacting the recommendations made by VA and expanded by us would do much to raise the morale of not only these former POWs but their families as well.

Thank you.

AMERICAN EX-PRISONERS OF WAR INC.
A MODERN DAY TRAGEDY

A PRISONER OF WAR

It is a melancholy state. You are in the power of the enemy. You owe your life to his humanity, your daily bread to his compassion. You must obey his orders, await his pleasure, possess your soul in patience. The days are very long, hours crawl like paralytic centipedes. Moreover, the whole atmosphere of prison is odious. Companions quarrel about trifles and get the last pleasure from each other's society. You feel a constant humiliation in being fenced in by railing and wire, watched by armed men, and webbed about by a tangle of regulations and restrictions.

— Winston Churchill

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Prisoners of War are soldiers, sailors, airmen, marines, or civilians. They are not war criminals; they are veterans of the military services or civilian agencies. As men of honor they represent an unfortunate group, victims of enemy capture, taken while fighting for their country. It must never be that they are stripped of their self respect, their dignity or their inherent rights as human beings or as veterans of their country's combat forces. It is impossible to relieve their hardships and suffering, their loneliness, their physical and mental illnesses and disorders, or to even reassure them with respect to their family and loved ones. THEY HAVE NOT BEEN FORGOTTEN-THEY MUST NEVER BE FORGOTTEN.

by Raymond W. Murray, M. D., Medical Consultant, V.F.W.

******

"A lot of people talk about making sacrifices for God and country—but you have made them...A lot of people talk about hell and what it's like—but you have been there... A lot of people talk about heroism—but you have lived it."

by Rev. Edwin F. Taylor, chairman, YMCA Armed Services

******

"The one thing that usually persists through all stages is hope. Just as children in Barracks L318 and L417 in the concentration camp of Terezin maintained their hope years ago, although out of a total of about 15,000 children under fifteen years of age only around 100 came out of it alive."

******

The sun has made a veil of gold So lovely that my body aches Above the heavens shriek with blue convinced I've smiled by some mistake. The world's abloom and seems to smile. I want to fly but where, how high? If in barbed wire, things can bloom Why couldn't I? I will not die!

-1944, Anonymous
"On a Sunny Evening"

A MODERN DAY TRAGEDY

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June 17, 1980

A MODERN DAY TRAGEDY

Presented to the Senate Veterans Affairs Committee

The Honorable Senator Herman T. Talmage, Members of the Committee and Sub-committee

I am Stanley G. Sommers, National Sr. Vice Commander and Medical Research Chairman of the American Ex-Prisoners of War, Inc.

Our membership is the largest of any ex-prisoner of war organization in the United States. We have as members servicemen, servicewomen, and civilians who were incarcerated during World War I, World War II, Korea, U.S.S. Pueblo, and Viet Nam.

I am honored and pleased to present this brief on behalf of all those great Americans, who during combat, were overwhelmed by the enemy.

We are thankful to the Senate and House for enacting Public Law 95-479, the Study of Former P.O.W.'s and Public Law 96-22 which authorized the V.A. to provide dental care to ex-P.O.W.'s who were incarcerated for six months or longer and to those permanently and totally disabled which proves your great concern to those veterans in need.

As this brief is composed of the many problems the ex-P.O.W. is experiencing with the Veterans Administration, it is only proper to mention that we have the highest regard for the Honorable Max Cleland and his staff. Their program guide 21-1, change 282, March 17, 1980, concerning Post-Traumatic Stress Neurosis (disorder) Chronic, granting Service Connection even though there may be a lapse of a considerable time. This change we believe is a break-through as stress is a common disorder of ex-P.O.W.'s.

Many of our members have received excellent care, treatment and just compensation from the V.A, while many others have not and it is for those we have dedicated ourselves to help.

As an ex-prisoner of the Japanese for 1,264 days and as a Medical Researcher for ten years in the field of incarceration, it is difficult for me to condense volumes of research into a brief such as this.

There are no words in the English language to describe being incarcerated, but let me assure you that everything you have seen, heard and read about these horrors are true.

Respectfully submitted,

Stanley G. Sommers
Nat'l Sr. Vice Commander
Nat'l Medical Research Chairman
1410 Adler Road
Marshfield, WI 54449

COMMENTS RELATIVE TO PUBLIC LAW 95-479

Congratulations are in order to the Administrator of Veterans Affairs, the Secretary of Defense and all others who contributed to the study.

We approve the Legislative and Administrative recommendations as purposed by the study group. Further recommendations by the American Ex-Prisoners of War, Inc. are on page 14.

Recommended Legislative Action
One of the major findings is anxiety neurosis which is the most prevalent service-connected condition of former POWs, regardless of the length of time of captivity. This disorder was documented by N.Q. Brill in 1946, Charles Brown in 1949, Harvey Strassman in 1955 and Gilbert Beebe in 1975. Our own research confirms these findings.

Recommended Legislative Action Title 38 USC Expanded Eligibility for V.A. Health Care
Excellent, it is a known fact that the former POWs have a significantly higher degree of diseases and disabilities. It will result in needed care and treatment and ease their suffering.

Service Connection for Psychosis at any time after service.
Psychosis and/or anxiety neurosis is a common disorder of former POWs from all wars. The amendment is very justified.

National POW MIA Day
That a specific date be designated as an annual National POW MIA Recognition Day would be a great honor to all former POWs.

Recommendation Administrative Action Post-Traumatic Stress Neurosis Guidelines.
This would be very beneficial to the former POWs as they would receive adequate medical treatment and just compensation.

A Standard Protocal For Disability & Compensation Examination.
This is a much needed administration action. At present it is up to the rating board physician or attending physician on what type examination is given. Some are complete and many are not.

Continued Follow-up Medical Treatment and Research of former Vietnam POWs.
Excellent as this may check medical problems from worsening. The research could be of benefit to present former POWs and future POWs if the research findings are utilized.

A proposed advisory committee, pathological examination, identification, the emphasize of the special health care of compensation, and a coordinator on POW affairs at the V.A. Central Office will without a question raise the morale and ease the plight of the former POWs.

On Repatriated Physical Examinations
At the 141 General Hospital the attending psychiatrist made the same statement word for word on approximately 75 former Pacific POWs: "He is in excellent spirits, sleeps and eats well, shows no anxiety, no feeling of guilt, in good health, with no domestic problems."

Later in life these statements resulted in a denial of service connection.

There remains many unanswered questions in regards to the after effects of incarceration and due to age time is running out for us former POWs.

Ex-Prisoner of War from Europe writing on Public Law 91-376, six month clause. 3/10/80
C 562 8497 Missouri

"I hope you will forgive me for not writing sooner but - at age 70 with advanced "senility" because of malnutrition, etc. - I absolutely forget about the matter until I read your very interesting message in the March issue of the Bulletin regarding the unfair and terrible injustice of the six month clause in Public Law 91-376 - also the report by our Legislative Officer, Earl Derrington quoting the straight-from-the-shoulder rebuttal by Mr. G.J. Karnes to the letter from Mr. Martin D. Carlin of the VA which was published in the November '79 Bulletin.

As you may recall from past correspondence, I am one of those covered by your message - and am also one of those referred to by Mr. Karnes as receiving a half-a--10-15 minute examination by VA - after being required to report at 7:00 AM and waiting until about 3:00 PM; then getting the "bum's rush". The first five minutes was taken up by the "head shrinker" who kicked a metal basket up against the inside of his steel desk - to get my "reaction". I don't bother you with what I said - but I'm sure his marks on my record indicated that I was imagining my being: overseas, in combat, captured (per order of the C.O. to surrender) and having walked over 500 miles from dawn to dusk thru the cold winter of 1944-45, without overcoat, and never having spent one night in a heated building. In all the years I fought with the Adjudication Officers, they never admitted any record of my stay at Camp Lucky Strike (77th Field Hosp.) or the examination at Hot Springs, Ark. (Arlington Hotel) after my 60-day recuperation furlough." LRL

Ex-Prisoner of War from Japan writing on treatment received from V.A. Jan. 22, 1980

"After spending four years in a Japanese Prison Camp, I believe that the Japanese Army was not as tough on the prisoners as the U.S. Veterans Administration has been on them since their return to the States. I am now 60 years old, so this decision does not make a whole lot of difference now, since the VA Doctors have blamed my troubles on everything but my four years in the prison camps.

I went for an evaluation of my health at the Long Beach VA Hospital. The doctor (Dr. ...) said I was lucky to be in prison camp so that I did not get rich food. He seemed unconcerned and unaware that the Americans did lose thousands of men in those "prison camps". Since he was the examining doctor, I have a stacked deck against me going in.

There were six of my family in the service during World War II. My brother Bill died on the Arizona, my brother Charles was an officer on a torpedo destroyer in the Atlantic. While in the service he was injured-his face was crushed. As a result of this, he began to go blind and as a result of the emotional stress and physical torment, he committed suicide. My younger brother Nathan had three fighter planes shot-out from under him in Korea.

I am not going to beg. At one of the P.O.W. Meetings I attended in Oklahoma City, one marine said we should have fought until we were all killed. At times it seems this would have been a more humane treatment than the cruel and indifferent attitudes we have been subjected to. It is sad, but I tend to agree.

In 1946, I went to an eye specialist in Kansas City, Missouri. This particular doctor related that he had examined German civilians after W.W. I and he stated that my eyes were the same as these civilians were due to malnutrition. I paid for the examination. The "smug" V.A. said that I had no eye defects or difficulties.

When I reflect back over the past twenty or thirty years that I have been trying to retain medical treatment for my physical problems and emotional stress, it seems like a bad dream or more appropriately, a continuous nightmare. I have spent over $2,000.00 on my teeth due to deterioration that occurred while in the prison camps, and not one dime has been reimbursed to me by the VA.

I received a letter from President Truman welcoming me back to the states when I returned. He should have warned me about the injustice that was to occur. He should have stressed the fact that we would receive no adequate treatment or benefits.

It has been said that the men west of the 180° meridian in the Pacific were expendable. Someone should have warned us. R.E.C. C-6-872-731 California

From the wife of R.E.C.

Regarding my husband R.E.C. C 06872751 SS 494-14-0739 whom I married 27 years ago. I have watched him slowly thru the years deteriorate physically and mentally.

How a human being that had been subjected to the treatment that he as a X.P.O.W. for 44 months endured, can be expected to maintain his physical and mental normal state. I love my husband, and for that reason I have endured his sufferings and served as one might say as a whipping post for 27 years.

I have watched as year by year he found it harder to cope with just everyday problems. Work he must for a livelihood, as well to try to keep occupied.

Not only have I suffered thru the years, also our 2 children felt the blow of his condition while they were growing up, not being able to understand the problem.

The Dr. that my husband was seeing at our local hospital, was going to cut his medication to zero, he takes Elavil. He has tried cutting the dosage and found that he has problems trying to stay at a fairly reasonable state. He is under mental therapy at Loma Linda V.A. Hospital.

He has for 27 years suffered with leg cramps, until rest was a real problem for both of us. For several years my husband slept on the floor until he could afford a larger bed, by no means did that relieve the leg cramps. Just made the thrashing of his legs a little more bearable for me.

I find it very difficult to put on paper all the up - downs, heartache, sorrow, distress he has suffered as well as we the family.

Just being there as he has nightmares of his P.O.W. camp ordeal is hard to live with, when I can't do any thing to help relieve or erase this part of his life now or forever.

I find it very sad and difficult to believe that all X.P.O.W.'s are not treated the same. It seems that some X.P.O.W.'s, meaning Viotnam P.O.W.'s really get the Royal treatment, while the W.W. II X.P.O.W.'s have really been passed by and actually neglected. Mrs. A.L.C.

Atomic Fallout 3/12/79

I notice in the Ex-POW Bulletin that you are looking for medical statistics on Ex-POW's for the Medical Research Committee.

My Uncle, D.W., of Pensacola, Florida passed away January 17, 1979. He was in the Navy Medical Corp and was with a Marine detachment when he was captured at the beginning of World War II in Shanghai, China. He remained in captivity until about a month after the war ended.

During his captivity he told us there were many times when he went for long periods of time without any food and at other times he would get small amounts of rice and fish heads. He was also subjected to many forms of physical abuse to which his scars remained the remainder of his life.

Soon after Hiroshima, he was subjected to having to remove the gold teeth from the Japanese bodies. Due to this he became sterile from the radiation poisoning and he was never able to bear any children.

Due to the fact that he was in the medical corp, is the main reason he felt his life was spared and later he was able to help his own fellow prisoners.

His mental health had regressed to the point that he no longer could care for himself satisfactorily in his home, and he was re-living his years as a POW. This took place slowly over the post 3 years. His certificate of death lists him as 70 yrs. old. The immediate cause was cardiac arrest due to pulmonary insufficiency as a consequence of pneumonia. Another condition listed was chronic obstructive pulmonary disease. I hope this information will be helpful to you. Sincerely, C.D.W., Nephew

V.A. Medical Center, Maryland 1/31/1979

I have just found and helped an XPOW get into the VA Elmire Hospital in Wilmington, Delaware on January 11, 1979. His name is N.L., SS# 218-14-4488, Army #33-735-893. Date of Birth 2-26/25. He was a POW from the Battle of the Bulge. This veteran was in the hospital the first sixteen weeks in service with Pneumonia. He has a VA Card Listing Service connected - Anxiety Reaction; Otitis Media Chronic with Chronic Mastoiditis, right scars, right eye, left ankle schrapnel.

He had a rating of 10% since he has not been able to work at all, they took away his 10% Service connected and gave him a 100% nonservice connected, because of unemployability. He was trying for over a year to get in a VA hospital. About fourteen months ago he went to the VA in Baltimore, (150 miles one way) and the doctor gave him a letter and sent him right over to Lochraven Hospital because he was in such bad shape. The people of Lochraven did not accept him and sent him home.

He has bad circulation, (Blue Legs) Heart trouble, arthritis. I talked to his family this week and they don't expect him to live much longer. I thought you would like to know about this for your Medsearch. You might know of someone else near Wilmington, Delaware or Philadelphia, Pennsylvania who could check him out. JH

V.A. Medical Center California 3/6/79

My husband is a Life Member of American Ex-Prisoners of War, being an Ex-prisoner of Japanese in WW-2.

We are experiencing difficulty in locating a Doctor who is knowledgeable of his problems....most just diagnose a nervous condition and let it go at that. We find he is in need of more than sympathy...and a pat on the head. We feel it would be a great service to all the men if you could come up with a list of Doctors who are researching their problems, so that we might receive some kind of treatment. Our problem is not 'more rights', but Decent care. Our most recent visit to the Veterans Hospital at Palo Alto was the worst yet, with the Doctor (?) telling him that, and I quote, "I do not want to hear you tell me anything about your pain. Just do not talk about it to me." With that he let us go, and we had no recourse. We have not been back. The local Doctor who has treated (?) him for the past 16 or so years admits that he can not help him.

Can you give us the address of a Doctor who is working with men who were prisoners in the Far East? We are getting desperate for some kind of action to be taken. Mrs. J.E.F.

Depression over claim. Texas 2/19/79

Thank you so very much for the copy you mailed my husband of the Oct. 21, 1978 meeting you and National Commander Joseph Upton had with V.A. Administrator Max Cleland at Topeka, KS.

And my husbands claim # was used, also my letter to you. And how my husbands been so depressed so long on his claim. That his health has been aggravated due to his nerves are so bad now. Mrs. A.W.M.

This ex-POW from Germany became depressed over his claim and shot himself. Arizona 4/11/80

In February, 1979, I filed a claim with the V.A. Last summer I had to go to the Phoenix V.A. three times each time for a short and cursory exam of a thing I had complained about. The last exam was about the middle of September. The doctor told me I could expect a decision in about 6 weeks. It was November 3rd when I decided to give up. I bought a 38 and shot myself in the chest. I missed vital organs. I had emergency treatment in a private hospital and was transferred to the V.A. the same night. After getting out of I.C.U. I was sent to one of the regular wards and went to respiratory therapy for about a week. The doctor said a lung was partially collapsed. I seem to be none the worse for the experience. M.S.

This German ex-POW was told by the V.A. doctor, "It's all in your head." Montana & Wyoming. 3/10/80

I entered the U.S. Army Infantry October 8, 1941 and was captured March 31, 1943 in North Africa in a battle after being in Casablanca, Fiad Pass and Kasserine Pass fronts which are recorded in the National Archives in Washington D.C. I was then a POW in Germany for two years one month and three days being liberated May 3, 1945 near Parchem, Germany and was discharged from the U.S. Army September 18, 1845 under the point system.

I had a great loss of weight and returned home very nervous, reserved, with much stomach distress being an ulcer. Never feeling well but determined to work and be a good

tax paying citizen I returned to civilian life. Until July 1979 I did just that but then I hit bottom and could no longer work enough to keep those P O W years in the background. I was so ill I had to seek help from the V.A. and went to Miles City, Montana where I was reluctantly seen by the Admission office who asked the Doctor if he wanted to see me? This statement put me down even further. The Doctor took a short time giving me ointment for my lip and with no examination sent me home to return in three weeks. After being home over the week end - 2 days - I felt so ill that I then went to the V.A. Hospital at Cheyenne, Wyoming on Tuesday and was hospitalized July 31, 1979 through August 21, 1979 with ----------, M.D. my attending physician. With my initial physical examination I found Doctor ----- had been in the North African campaign at the same time I was captured and to be of German decent. During my three weeks hospitalization Doctor Howar's attitude toward me became progressively more negative telling me 'I had never had kidney problems they had ways and means of determining that, - there was nothing the matter with me except my (making a gesture with his finger toward his head), that I was using what little combat service and P O W I had as a crutch; now come off it I hadn't had it any rougher than he and go home and get to work.' These statements along with Doctor ------- attitude toward me really disturbed me so that I began walking the halls, sleeping less and less. J.I.H. C-11-671-506

In regards to ex-prisoners of war V.A. claims. East Coast 4/11/80

There are several that I have helped but in these instances and knowing what I do in relation to the Latent Multiple Disabilities of Nutritional Deficiency; Stress; Unsanitary Conditions; Brutal and Inhumane Treatment; forced labor and forced Marches, I am not satified with my results even though in some instances I won an extra 10 to 50%. It is my opinion that all should be rated, at least on an unemployability basis, 100%. They have more than earned it!.....

There were many instances of an obvious cursory exam. In one case when the Doctor was ordered to make out the lab and X-ray slips, he came out with the Veteran, very provoked, saying within earshot of many that were waiting to be seen, "I don't know whey they ordered these. If it was left up to me, I would have not have written them (which he already did not), they aren't going to do you any good."

I've had other like experiences especially when I walked into this one VA doctor's office as he came back muttering to himself that he did not have anything to do. I don't know how the subject came up but I know that I did not evoke the discussion. He said, "I think they are playing up this P.O.W. thing too much. I remember a P.O.W. who was captured by the Austrians in WW I and he told me of what a nice time he had as a caretaker of a chalet. I could not get enough of his story because he was so interesting."

I immediately began to think that the Doctors as examining physicians at the VA must have coffee breaks and that if this doctor was of the opinion he had that being a P.O.W. was a lark, so were the others. There was only one conclusion I could come to. Not only would any ex-P.O.W. get a cursory exam but also the minds of the examiners would be predetermined as to the disabilities as claimed to not be residuals but, you guessed it, diseases of the aging process.

This is the exam upon which VA Adjudication makes their determinations with stock answers like, "Your disabilities as claimed do not show up in your service records." "Your examination at time of discharge do not show the disabilities as claimed." "You have shown no continuity for the disabilities as claimed."......

I am especially disturbed when after a notice of disagreement, one has to file a 1-9 and within a short time one gets back a whitewash in the form of a lenthy explanation as to why the claim did not merit consideration or in essence its a flowery replica of echo of the VARO, despite the fact that the service officer has shown that none of the disabilities as claimed are intercurrent; gentic or constitutional or developmental.

I have 10 cases in with the commission in study as to whether or not some VARO Offices

have not been in compliance with PL 91-376 and what it boils down to is, Have some varo adjudicators circumvented the law. On the basis of accepting determinations by the examining physicians and not referring same to the Director of Compensation and Pension, I believe they have.

What especially galls me is that those we defeated in War are faring better than our Veterans. Like a former Officer of the Germans upon visiting here and after familiarizing himself with Veterans benefits and the problems obtaining benefits, in essence he remarked, "I wonder who really won the war?"

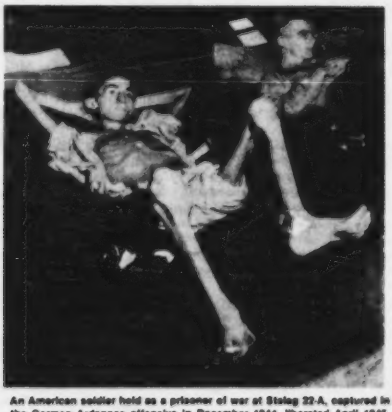
If this same German Officer is keeping abreast of the continuing cutbacks in Veterans programs and the crumbling away of the VA system, I believe that if the truth were known, he would express sorrow as to the plight of those that served their Nation when called. Anthony Newcomb Toscano, National Service Officer, American Ex-Prisoners of War.

Public Law 91-376 - what is a nutritional deficiency? California 4/22/80

Among the things we continue to hear when we question an adjudicator about a decision is, "he's just getting old" or "I have that problem and I wasn't a POW" and "that's not a nutritional deficiency". Since Public Law 91-376 was passed, no one knows yet what a nutritional deficiency is.

The accusations made in Mr. Karnes letter is the same situation that exists here in Los Angeles and all over the country. In my position as service officer and advisor for the American Ex-Prisoners of War Inc., I can attest to this.

There is an enormous variation of the interpretation of V.A. laws and regulations that exist throughout the country. It seems that what one claimant is lacking in evidence, another claimant that has such evidence is denied benefits sought, for another reason. In other words, they are always able to find some reason to deny an EX-POW claim. The laws are just too vague. Lewis H. Hastings, Ph.D., National Service Officer for: Military Order of the Purple Heart.



An American soldier held as a prisoner of war at Stalag 22-A, captured in the German Ardennes offensive in December 1944, liberated April 1945. His menu consisted of 1 slice of bread, 1 cup of soup, and some unpeeled potatoes per day.

AMERICAN EX-PRISONERS OF WAR V/S THE VETERANS ADMINISTRATION

CONCERNING V.A. CLAIMS

Following eight cases are from the West Coast submitted by Lewis H. Hastings, Ph.D., National Service Officer, American Ex-Prisoners of War and Military Order of the Purple Heart, Buena Park, CA.

D.M. C - 5 601 785
Was a P.O.W. for 15 months, injured when landing after being shot down. Had numerous witnesses and statements. Denied any compensation. Had short examination, but it revealed Arthritis where he was injured. Doctor said "you're just getting old."

M.R. C - 12 797 069
Gets 40% for ear and nervous condition. Has residuals of beri-beri in the form of edema of the legs. Doctors not familiar with beri-beri, failed to recognize symptoms. Has chronic Malaria, was at Wadsworth Hosptial during last attack and Doctor refused to take smear. Said he had the flu, which he didn't.

R.J.L. C - 4 566 005
Gets 30% for nervous condition. Complained of leg pains while still in service. Private Doctor treated him. Within a year of discharge. VA denied claim for legs, varicose veins, had operation 1956 & 1959.

L.N.H. C - 10 282 428
Was beaten while a P.O.W. Severe back injury, had witnesses and continuous treatment since discharge. Denied compensation because Arthritis had set in and it had to be claimed with a year, though it's a proximate ailment. Doctor said "we all get this when we get older."

E.G. C - 10 282 428
Survived Bataan Death March, has residual of Beri-beri & Paresthesia. Was blind for six months in prison camp from Malnutrition. Doctors not familiar with these ailments, denied Service Connection. Claim denied. He gets no compensation.

H.L.H. C - 12797919
Gets 60%, unable to work because of these S/C disabilities. P.O.W. 3½ years. Denied unemployability.

T.N. C - 5845487
P.O.W. 3½ years. Has 50%. Has peripheral neurophathy. Can't walk. Denied an increase (now in wheel chair) V.A. say peripheral neuropathy is not a residual of Beri-Beri.

W.H.P. C - 6331390
Has 40% Nerves, has tender Schrapnel wounds & residual of Beri-Beri and malnutrition. Is unable to work.

Following ten V.A. Claim cases are from the East Coast submitted by Anthony Newcomb Toscano, National Service Officer American Ex-Prisoners of War, Inc. and Military Order of the Purple Heart, Syracuse, N.Y.

J.E.B. C - 5 684 137
20%, P.O.W. 15 months. Claim initiated January 1976. Examining Doctors related multiple diseases to aging. Veteran was 57. BVA appeal. No results.

M.J.C. C - 5 431 708
0%, P.O.W. 15 months. Claim initiated December 1977. Related to the aging process. Veteran was 56. BVA Appeal. No results. Multiple Disabilities.

M.S.L. C - 10 306 720
0%, P.O.W. 13 Months. Claim initiated March 1979. Multiple Disabilities related to the aging process. Veterans was 62. Still in process.

J.L. C - 13 536 743
0%, P.O.W. 9 Months. Claim initiated January 1977. Multiple Disabilities related to the aging process. Veteran was 56. BVA Appeal. No Results.

C.B.B. C - 6 022 262
0%, P.O.W. (Japanese) 43 Months. Claim initiated February 1976. Principal examining Doctor said, "Disabilities can not show up after 30 years. Related to old age." Multiple Disabilities claimed. Veteran was 56. BVA Appeal. No results.

F.D. C - 10 941 903
0%, P.O.W. 44 Months. Claim initiated January 1979. 51 Multiple Disabilities related to aging process. Veteran was 57. 5 Notarized Affidavits, vividly describing Japanese Brutality. 1 current and 1 from wife, totaling, 7. Case to go before BVA. Have received favorable letter from Mr. Carlin of the Commission.

N.A.G. C - 13 106 327
30%, P.O.W. 7½ Months. Claim initiated March 77. Although an Officer, records reveal brutal beatings, fracturing jaw, breaking nose, severe injury from parachute drop, injuring knees, back and hips. Arthritic conditions and multiple Disabilities related to aging. Veterans was 53. Still in process after denial.

E.F.S. C - 14 130 262
0%, P.O.W. 16 months. Claim initiated November 76. Multiple Disabilities related to aging process. Veteran was 54. Was on 83 Day Hunger March. Denied by VARO.

H.T.W. C - 6 721 153
40%, P.O.W. 19 Months. Claim initiated July 1976. Multiple Disabilites related to aging even though he was forced into retirement for 88 at 60 owing to black-out spells and severe headaches, had part of the right forehead shot off. Denied by VARO. Veteran was 58.

D.C.M. XC - 6 722 250
40%, P.O.W. 11 Months. Claim initiated March 76. Multiple Disabilities. Related to aging process. When captured, Veteran had rope around neck to be hung from tree until rescued by Sergeant. Was on 83 Day Hunger March. Denied by VARO. Veteran was 60 when examined. Died at 61.

The following claims are from Medical Research, American Ex-Prisoners of War, Inc.

C - 6 108 531 From GA
Former Japanese P.OW., 42 months. Survived Bataan Death March. He said this in his statement to the Board of Veterans Appeals, "I have received your evaluation of my case and I feel that the determination reached does not reflect my true condition. Many facts pertinent to my case are not mention in the statement of case and were apparently ignored. The failure to consider the entire spectrum of evidence undermines the accuracy of your evaluation."

On 9/20/79 he was denied an increased evaluation for service connected psychophysiological musculoskeletal reaction and a duodenal ulcer, it remains 30% for first disability and 10% for second.

C - 14 676 281 From Illinois
This German P.O.W. landed on Omaha Beach in France, later captured when his unit was overrun. Suffers from Hypertension, Hypertensive Cardiovascular Disease, Arthritis, Chronic Obstructive Pulmonary Disease and Mild Diabetes.

His physician states in his letter to the V.A. that consideration should be given on the effects of interment during WW II as a precipitation event in the onset of his hypertension and diabetes. Service Connection was denied by the V.A.

C - 05 600 382 Ex-P.O.W. from Germany
V.A. Doctor and a Consultant determined that he was 100% disabled as a result of his nervous condition. Yet he received this letter back from the Regional Office in 1979.

"Your claim for increased compensation has been reviewed based upon the evidence of record including the latest report of examination from the VA Medical Center in Phoenix.

The evidence of record does not warrant an increase in your service connected arthritis or your service connected varicose veins. There has been no evidence submitted which shows that your nervous condition, generalized arterial sclerosis with hypertension, urinary disorder, or hand condition are related to your military service. Therefore, service connection for these conditions must be denied. Your total service connected evaluation remains at 20%."

C - 05 618 343 From New Mexico
V.A. claims lay statements submitted are outright lies. The ex-P.O.W. Appeal Statement reads:
"I disagree with the decision of non-service-connection for the back condition, and the fact that arthritis now found would not be related to a beating I suffered more than 30 years ago (now recognized by the Albuquerque VARO as so stated by them in Reason for Decision in Statement of the Case undated. There are really three basic reasons why I disagree.

First, The VA in Albuquerque has failed to recognize Paragraph 354, Title 38, U.S. Code, which admonishes the Administrator to accept as sufficient proof of service connection by satisfactory lay evidence. It does not say that the statements should be considered and disallowed; it states they will be accepted as evidence. In this same vein the BVA opinions are final unless it can be proven there was error in their reasoning. And I claim the same reasoning should have been used as I have stated, for Mr. Stickles' and Mr. Chaves' statements. In plain and simple language the Albuquerque VARO is stating that all the lay letters written and submitted are outright lies. Also, VARO, Albuquerque, although they quote 38 CFR 3.102, failed to follow the contents mainly resolving in favor of the claimant.

Secondly, VARO Albuquerque fails to recognize the change in procedures made in 1976 which puts the burden of proof on the government and takes it away from the ex-POW. How can this be justified?

Thirdly, again using the same reference as VARO did (38 CFR 3.303 & 3.304), if the VA does as they have been directed to and recognizes service connection for the back condition, then by the reasoning set forth in above reference, the medical principles so universally recognized as to constitute fact (clear and unmistakable proof) would recognize my condition of arthritis as a residual of the back condition."

C - 08 013 346 From New York
P.O.W. has been dealing with V.A. for 35 years comp. is changed up and down. Suffers S.C. Avitaminosis, gun shot wound, left arm, left arm full of arthritis, stomach trouble, malnutrition, both legs and left arm frozen, colitis, unable to work past five years. Denied unemployability last 5 years. P.S. My son saw me suffering all these years. He said they can't take care of the past veterans what would they do if we had another war.

C - 11 691 306 From Montana and Wyoming
This ex-POW is depressed with the treatment he received at the V.A. Medical Center. He is service connected for frozen feet and malnutrition but they are less than 10% disabling. He was denied service connection for arthritic back condition, stomach condition with ulcers and dysentery, kidney problems, malaria, shrapnel wound of left shoulder, skin rash and anxiety condition.

From National Service Officer, Texas 4/15/80

Following are two cases representing two Japanese POW cases which I feel were a total let down by the Veterans Administration with regards to service connection as a direct result of long term incarceration (42 months) as Japanese Prisoners of War. Their ship, U.S.S. Houston, was sunk after sinking four Japanese ships and damaging six others in the savage battle of Sunda Strait.

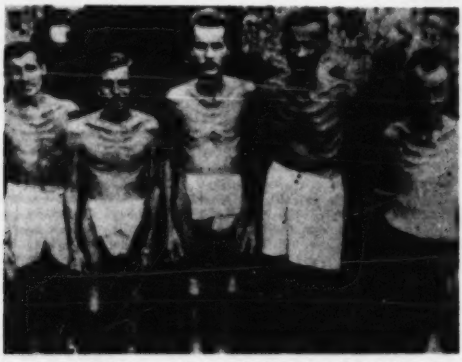
Both of these cases have been sent to the Board of Veterans Appeals so will use the names of John Doe, Sr. and John Doe, Jr.

John Doe, Sr. on 2/23/79, the examining physician who is a Board Certified Psychiatrist, indicates in his findings, "The overall picture is compatible enough with the diagnosis of an anxiety neurosis and from the content and nature I would say definately related to his POW experience." He further diagnosed "anxiety neurosis, chronic, moderate". (POW Syndrome). Two other psychiatrists who are Board Certified Psychiatrists agreed to these findings.

The case was sent to Director Compensation and Pension Service, Central Office for an advisory opinion. The decidion rendered by Central Office that the condition "must be considered speculative". From this a subsequent denial rating was accomplished.

John Doe, Jr.: This is the second classic case. On 11/16/77 an original claim for service connection was filed for nerves, stomach and back conditions, subsequent to that an evaluation examination was conducted by the V.A. The examining physician, a Board Certified Psychiatrist, noted: "It was very difficult for this proud man to discuss his symptoms and to admit that he is having a problem. It is not unusual in this group of men who were Prisoners of the Japanese for three and a half years, but when they reach their early retirement years they are no longer able to cope with the everyday stresses and strains and symptoms of anxiety and depression begin to present problems; especially common is the return of combat dreams and dreams of prisoner of war experiences." The examiner further states in her diagnosis "Depressive reaction with anxiety features (P.O.W. Syndrome.)"

Again the claim was denied by V.A. Central Office.



American Ex-Prisoners of War shortly after liberation from Bilibid Prison.

PHYSICIANS

Following is a list of eminently qualified Physicians who have agreed to testify before Congress. All of these Physicians except Dr. R.C. Spaulding are former prisoners of war. They all know by personal experience of the hardship, the stress, the ill health and delayed diseases we endured and are now suffering from. We believe the views of these great authorities who derived their knowledge from extensive first hand practical experience gained in the field cannot fail to serve as a most valuable asset to Congress.

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El Cajon, CA 92020

67-488 O - 80 - 5

June 1980

THE AFTEREFFECTS OF INCARCERATION - MEDICAL FACTS

We suffered from brutal and inhumane treatment, beatings, torture, slave labor and starvation.

Many of us lost from 40 to 60% of our body weight for a prolonged period of time. Medical experts agree this causes irreversible damage to all body systems and organs.

We suffered from a multipicity of deficiencies and infective diseases for a prolong period of time without adequate medication (in many cases, none). This also leads to many serious medical problems later in life.

American deaths in POW camps: 37.2% in the Pacific, 39% in Korea.

Extreme Stress: We lived under the constant fear of torture and death, never knowing when they would behead us or shoot us.

As a result of this we suffer from the KZ Syndrome (German for Concentration Camp). The KZ Syndrome consists of:

1. Failing memory and difficulty in concentration
2. Nervousness, irritability, restlessness
3. Fatigue
4. Traumatic dreams
5. Headaches
6. Depression
7. Moodiness
8. Loss of initative
9. A feeling of insufficiency
10. Many of us shun large crowds and social activities.

In the past 10 years of research we have found that the ex-pow's suffer from premature aging - while one year in war ages a man as much as 2 years of peace, a year in a prisoner of war camp puts at least 4 years on his age.

Since repatriation Morbidity Studies have shown that POW's have a higher incidence rate of illness and diseasein all body systems. These studies have also shown that the greater the degree of malnutrition, the greater the likelihood of illness and disease. For all POW's the incident rate of psychological impairment has been considerably greater. Repatriated POW's in general have more frequent need for hospitalization and care and tend to remain longer than their matched comparison groups. (Ref. Beebe, G.M., Nat'l Academy of Science, Washington, D.C., 1975)

Mortality rate of ex-POW's: For 2 years after repatrition the death rate was 50% higher than the normal population for Japanese POW's and persisted higher for 9 years. For Korean POW's the death rate was 40% higher than the normal population for 2 years and persisted higher for 13 years. For European POW's the death rate was higher in the 7th and again about the 18th year after being repatriated. An excess of deaths due to cirrhosis of the liver in all three former prisoner groups appeared from about the 10th follow-up year. (Ref. Keehn, R.J., Nat'l Academy of Science Washington, D.C. 1976.)

During my years of researching the after effects of imprisonment the Marshfield Clinic, Marshfield, WI with its staff of 172 physicians and the Marshfield Medical Foundation have given me invaluable assistance. They always stand ready to help me regardless of what I need.

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Be It Known To All Concerned:

The Board of Directors,American Ex-Prisoners of War,Inc.recommend the following changes in Title 38 and CFR 38 in conjunction with the study of former Prisoners-of-War, (PL95-479). In addition, we wholeheartedly support"Medical Care and Treatment" in regards to Prisoners of War as recommended by Capt. Raymond Spaulding,MCUSN, Ret., former head, Medical Special Branch, Center for POW Studies, San Diego, California.

First: All Public Laws in the past,(Reference:83-744,91-376,95-479 and 95-22), concerning veterans who were Prisoners of War are written to benefit only those persons who were captured and interned for more than six months. These laws were passed without the knowledge of factual research results which prove the extent of the effects in incarceration to a veteran in his later life.Data available today proves that the trauma of imprisonment for only a short time can and will have a definite effect on the mental and physical well-being of those persons subjected to confinement. Other countries throughout the world have recognized the problems of incarceration and compensate their veterans and their dependents accordingly. We feel any stipulation referencing to the length of time a person was imprisoned should be abolished.

Second:Adjudications by the Veterans Administration are based upon the fact that a veteran was in good health when he entered the military service. It must be accepted that every military Prisoner of War was on active duty, recieved payment for time he endured his imprisonment and any imparities suffered by him as a result of incarceration are service connected in the same degree as injuries suffered on the battlefield.

Third:We believe the time limit for service connection of chronic and Tropical diseases should be eliminated.Often the time is limited by use of the phrase"from date of discharge". Some former Prisoners of War remained in the Military service and others were discharged immediately after a period of conflict. The same after effect appear in most cases. (Ref:A-Chronic Diseases,B-Tropical Diseases, and C-Diseases Specific to Prisoners of War).See attachments. Deaths resulting from the referenced lists should be considered service connected and DIC benefits be awarded the widow. The after effects of incarceration in the opinion of 48 medical experts are, quote"These ailments and disabilities may appear long afterwards and no time limit can be set for their appearance". (Ref: The International Conference of the World Veterans Federation-The Hague, Novenber 20-25, 1961).

Fourth:All Ex-Prisoners of War be issued a VA Patient Data Card and recieve priority treatment at all VA facilities as is provided veterans recieving a minimum 50% compensation.We recommend all Ex-POW cases be adjudicated on an individual basis incorporating the proposals of the foregoing paragraphs.

We believe the enactment of these four proposals would do much to raise the morale of the Ex-POW and his family and would indeed show that we care and honor his service in the defense of his country.

Norman E Mailen

Vietnam prisoners of war

Survivors of the North Korean's brutal massacre of prisoners of war outside the city of Pyongyang.

STATEMENT OF STANLEY G. SOMMERS, NATIONAL SENIOR VICE COMMANDER, AMERICAN EX-PRISONERS OF WAR, INC.

Mr. SOMMERS. Mr. Chairman and members of the committee, I want to thank you for the privilege of appearing before you today to present the views of American Ex-Prisoners of War, Inc., on the recent study on former prisoners of war conducted by the Veterans' Administration.

Accompanying me today is our national commander, Mr. Herman Molen.

I will summarize my statement. We approve and endorse the legislative and administrative recommendations, with the modifications and additions we have to suggest.

Our further recommendations are, first, all public laws in the past concerning veterans who were former prisoners of war are written to benefit only those persons who were captured and interned for more than 6 months. These laws were passed without knowledge of factual research, results which prove the extent of the effects of incarceration directed to his later life.

Data available today proves that the trauma of imprisonment for only a short time can and will have a definite effect on the mental and physical health of those subjected to confinement. We feel any stipulation relating to the length of time a person was in prison should be abolished.

I do have for the committee a photograph of a POW who was incarcerated in Vietnam for less than 6 months and, man, that's just a terrible picture, if you would like to look at it.

Second, adjudications by the Veterans' Administration are based upon the fact that a veteran was in good health when he entered the military service. It must be accepted that every military prisoner of war was on active duty, received payment for the time during his imprisonment, and any impairment suffered by him as a result of incarceration are service-connected in the same degree as injuries suffered on the battlefield.

Third, we believe that the time limit for service connection of chronic and tropical diseases should be eliminated for ex-prisoners of war. We sincerely believe that time limits for psychotic disorders of all types should be eliminated.

Often the time is limited by the phase from date of discharge. Now some former prisoners of war remained in military service and others were discharged immediately after a period of conflict. The same aftereffects appeared in most cases.

Deaths resulting from the records list should be considered service-connected and DIC benefits awarded the widow.

The aftereffects of incarceration, in the opinion of 48 medical experts are: His ailments and disabilities may appear long afterwards, that no time limit can be set for their appearance. Reference the international conference of the world federation at the Hague November 20 and 21, 1961.

Fourth, all prisoners of war be issued a special POW identification card and receive priority treatment at all VA facilities on the same basis as all veterans who are receiving a minimum of 50-percent compensation.

We believe that enactment of these four proposals would do much to help us overcome continuing problems which we believe the record will show are unquestionably related to the hardship and inhumane treatment experienced during our captivity under our enemy who does not believe in God.

Of the four items, Mr. Chairman, we consider by far the most important one to be the last one—that is, making priority treatment at VA's facilities available to all of us for our medical problems.

This proposal adds not one penny to VA hospital costs. It simply changes priorities. We believe that favorable action on our request would do much to raise the morale of the POW, and his family, and would indeed show that the Nation cares and honors his services in defense of his country.

Mr. Chairman, this concludes my statement. The national commander and I will be pleased to answer any question.

Chairman MONTGOMERY. Thank you very much for that statement, concise and to the point.

Mr. Hammerschmidt?

Mr. HAMMERSCHMIDT. I don't have any specific questions, but I certainly do want to thank our witness for bringing this testimony and for bringing the attachments which speak for themselves. Thank you very much.

Mr. SOMMERS. Thank you, sir.

Chairman MONTGOMERY. Wait. We're not through.

Mr. SOMMERS. I thought I could get out of the hot seat.

Chairman MONTGOMERY. Mr. Mica?

Mr. MICA. No specific questions, but I would like to comment on the 6 months or less question. I think it is one that we will have to pay attention to. Some people can suffer a great deal of hardship or pain in 6 days or 6 weeks, let alone 6 months, that will be with them for the rest of their lives, as opposed to a 6-month cutoff. I think it is a question we will have to look at very closely, and I appreciate your bringing it to our attention.

Mr. MOLEN. Sir, could I respond to your comment? The reason that we feel it is unfair to put a 6 months stipulation, each case in the Veterans' Administration is adjudicated on an individual basis. Even though you put 6 months in there, 3 months or no time, the man has to prove that he is suffering from the disease or it doesn't make a bit of difference in the world.

What it does in the severe hardship cases we have in our presentation, you have eliminated him from all possibilities that he has 6 months, so it's unfair to put this in there to the man who was a prisoner for 5 months and went through extreme horrors. It just doesn't make sense because he's still got to go before the adjudication people and prove his case. Whether he was a prisoner 1 month or 6 months, he's still got to prove his case.

Mr. MICA. It's my personal opinion that this committee can fairly easily devise language containing a 6-month limit in it, that would not preclude those who had evidence or who had indications other than the 6-months limitation to be an automatic period.

Thank you, Mr. Chairman.

Chairman MONTGOMERY. Thank you, sir.

Before recognizing Mr. Hall, I think I'll ask a couple of questions.

Generally, Mr. Molen, how does your association feel about this VA and DOD report?

Mr. SOMMERS. Well, in dealing with the report, Mr. Chairman, the study itself was a very scientific, in-depth, comprehensive study, and we wholeheartedly approve it, but we don't approve of the moderate recommendations that they gave concerning legislative action and administrative action. It's completely out of line. It should be more.

Chairman MONTGOMERY. Mr. Molen?

Mr. MOLEN. Sir, we feel like in the body of it, it was a very good, comprehensive report. Their recommendations, according to the evidence they submitted, are completely out of line with the evidence that they established.

Mr. SOMMERS. Mr. Chairman, also as a medical researcher, I have gone back to 1946, M. Q. Brill in 1947, Charlie Brown, in 1965, Harry Stasner, and in 1975 Dr. Beebe, all come out with the same findings on the aftereffects of incarceration, but the VA, nobody did anything about it.

Chairman MONTGOMERY. Isn't the key point in your report this morning that adequate and priority medical care should be provided?

Mr. SOMMERS. Yes, sir.

Mr. MONTGOMERY. Detail that a little more.

Mr. SOMMERS. OK. What we would like to have, sir, is priority admission into VA medical centers, as if we were 50-percent disabled.

We are not asking for the 50-percent disabled veteran who is getting like a feedback that he can go to his personal doctor at home. What we are asking is that the veterans get the priority in a VA facility.

Mr. MONTGOMERY. Does the VA care to comment on that, Mr. Blunt? Mr. Wilburn?

Mr. BLUNT. I think there has been some misunderstanding of this recommendation, and it is highly technical.

The first thing that would happen would be a new category for eligibility would be created. In the case of hospital and outpatient care, there would be no requirement, for example, to satisfy a means test.

The second thing would be that there would be no need for a POW to satisfy the obviate-the-need-for-hospilization test for ambulatory care; so a new category of eligibility would be created specifically for the POW. That's one implication in this recommendation.

The second implication is that the POW would be given a priority status similar to that which Congress granted to the World War I individuals, and they would be granted a higher level of priority of care. That's the implication of this recommendation.

Some of the other members of the study team might want to comment further on that, but that's the essential thrust of this recommendation.

Mr. MONTGOMERY. How about outpatient care?

Mr. BLUNT. That's what I just referred to. The expanded eligibility category in relationship to outpatient care would mean the individual would not have to satisfy a means test and would not have to satisfy a means test and would not have to satisfy the obviate the-need-for care-provision in outpatient care, and he would receive priority similar to a World War I veteran.

Mr. MONTGOMERY. What you are saying is the outpatient would be treated the same as a 50-percent service-connected veteran for outpatient care.

Mr. BLUNT. No, there's an additional—Mr. Ibson.

Mr. IBSON. My name is Ralph Ibson, sir, Deputy Assistant General Counsel with the Veterans' Administration. The proposal, as we said, is perhaps somewhat complex. What we contemplated was an eligibility akin to the 50-percent service-connected veteran, open-ended eligibility for the prisoner of war for outpatient care for any disease or condition, notwithstanding that it had not been adjusted so service-connected.

What we also recommended in addition to the eligibility provision was a means of assuring that individual access to care through an amendment to the priority provisions in section 612(i) of title 38. The thrust of that element of the proposal was to establish that priority at the same level as is afforded service-connected veterans generally, that is, those service-connected veterans seeking care for non-service-connected conditions.

This represents a priority one step higher than Congress afforded the World War I veterans in Public Law 96–151, yet one step below the priority to be afforded veterans who are 50-percent service-connected disabled.

I think what we are saying is we are recommending both expanded eligibility and an assured point of access through priorities. We felt that this recommendation was a fair-minded and liberal one and, speaking to Mr. Hammerschmidt's point earlier, we thought it was a far-reaching recommendation and one that would be a meaningful one to the prisoners of war.

Chairman MONTGOMERY. Well, it probably would have simplified it if you would have just said 50-percent service-connected would have been eligible.

What was the reason for not just saying 50-percent service-connected would be the ex-POW status on outpatient?

Mr. IBSON. This is a fairly technical point, and was intended to reflect a balancing of interests among the many categories of eligibility. It was intended to strike a reasonable balance and to make eligibility broad and assure access.

Chairman MONTGOMERY. This can be done by the Veterans' Administration. This doesn't have to be by legislation.

Mr. IBSON. This contemplates legislative action, sir.

Mr. HAMMERSCHMIDT. Would the chairman yield?

Chairman MONTGOMERY. Yes.

Mr. HAMMERSCHMIDT. Are these recommendations you are giving us now in the report?

Mr. IBSON. Yes, sir. I think this is the first of the legislative recommendations in the final chapter of the report, sir.

Chairman MONTGOMERY. I have the bill here to be introduced today. We might think about it and take another look at it.

Mr. Hall?

Mr. HAMMERSCHMIDT. Mr. Chairman, I just have one more question.

Mr. Sommers, I notice in the report they refer to the Canadian Government's approach, which you may be familiar with. As I read the report, it gives automatic compensation to Japanese POW's, a

presumption that all deficiencies are service-connected and a theater-by-theater analysis of other POW experiences for compensation evaluation.

Are you familiar enough with that to comment whether you think that is a good approach?

Mr. SOMMERS. Yes, I am, Mr. Congressman.

Your Hong Kong POW's in Canada was a very good group to study because they come from one section, originally, of Canada, a group I think of like 1,200, and they followed them.

What they did there to prove their point on research is they took brothers and they compared the brothers' health, the man who was in combat and then the other brother who was ex-POW, and they found out that in all categories of diseases, and this would be both mental diseases, anxiety neurosis, and physical diseases, that the POW had significantly higher degree of disability than his brother who was a non-POW.

It was on this finding that they came to the conclusion that the Hong Kong POW, the Pacific POW, would be granted an automatic 50-percent compensation. This also includes on this 50 percent or more that if he dies for any cause his widow automatically receives DIC without any hassle or harassment from anybody.

Now if you go to the European, they have a scale from 10 percent on up, according to the length of incarceration, but it was based on all medical facts.

I would also say that the Government up there was very much with the men and pushed it along also. Thank you.

Mr. HAMMERSCHMIDT. Thank you, Mr. Sommers.

Chairman MONTGOMERY. If there are no other questions, we certainly thank our witnesses for being here this morning. You have been very helpful.

Mr. SOMMERS. Thank you.

Chairman MONTGOMERY. I would like to call Mr. Arthur Bressi, of American Defenders of Bataan and Corregidor, Inc., and you might introduce Mr. Long and Mr. Lawton.

Mr. BRESSI. Mr. Chairman, my colleague today is Ralph Levenburg, an immediate past national commander. Mr. Long regrets, sir, that another commitment precludes his appearance.

Mr. Chairman, I will forego the amenities and ask that my submitted testimony be entered in its entirety, and in the interest of brevity, sir, I will confine myself to just two issues.

Chairman MONTGOMERY. Without objection, so ordered. The written statement will appear at this point in the record.

[Statement follows:]

STATEMENT OF ARTHUR A. BRESSI, SPECIAL PROJECTS OFFICER, AMERICAN DEFENDERS OF BATAAN AND CORREGIDOR

Mr. Chairman, Members of the House Veterans Affairs Committee, we are grateful to you for this opportunity to present the views of the American Defenders of Bataan and Corregidor as they relate to both this hearing and the publication of "The Prisoner of War" Study. We deeply appreciate your concern and your continuing interest in our problems.

We wish to acknowledge the time, effort and expenses by the Veterans Administration and the Department of Defense in their overall review and analysis of former Prisoners of War (POW) and we wish to Commend Mr. Max Cleland and

the Task Force for a job well done. The effort of the Task Force is ably reflected in their publication and if it accomplished nothing else, it once again re-focuses the attention of concerned agencies on the myriad problems which have been the life of a former prisoner of war. Perhaps—and even more importantly from our point of view—we really don't know when once again we may be permitted to address this problem. We've really waited thirty-five years to do this and we feel, unfortunately, we do not have another thirty-five years wait ahead of us.

As much as we respect Mr. Cleland and the individual members of the Task Force, however, and as much as we approve this latest publication, please permit us to take issue with some of the Findings and to amplify on some of the Recommendations.

If we were permitted to employ a catch-phrase concerning our present situation, it might be "Having been a prisoner of war is hazardous to one's health" or, in light of some present day interests, we might easily be compared to "Fast, becoming an endangered species."

One of the prime areas of concern—a continuing, progressively aggravating situation—is Our Health; a situation we feel, has not been given the depth of consideration it deserves. Let me make clear here at the onset, we speak only for those of us who were taken prisoner of war in the Far East Theater and specifically those taken on Bataan or Corregidor.

The Tack Force ably highlighted their research concerning Japanese POWs and after reading their publication, one cannot help but wonder why legislation concerning this Group has been so far in arrears. For instance, they established the tenor of the The Study by pointing out that "... the POW experience, characterized by starvation diet, poor quality or non-existent care, "death marches," executions and torture has historically been an extremely harsh and brutal experience."

We regard this as somewhat ironical that after 35 years of attempted legislation, the Task Force, and in effect, the Veterans Administration, acknowledge this as "an extremely harsh and brutal experience."

The Task Force, through review of records, concedes POWs have a significantly higher incident of service-connected disability. It is extremely difficult to avoid a tongue-in-cheek anecdote and it is included only as illustrative to our frustrations. Two acquaintances met. The first said "My brother is sick" to which the second replied, "No, he's not sick—he thinks he's sick." When they met a week or so later, the Second opened the conversation by asking, "How's your brother? Does he still think he's sick?" To which the First responded, "Oh no, now he thinks he's dead and we will bury him tomorrow."

I regret if that is in poor taste. Entirely too many of us have died—all because an admonishment in the Good Book, as old as life itself, which states "They have ears and hear not—They have eyes and see not," has not been heeded. In now what amounts to literally hundreds of cases, such evidence has been screaming for recognition and has, instead, been drowned in a mass of absolute adherence to legal interpretations.

The Task Force pointed out: "Available data makes it now apparent those POWs interned by an Asian captor generally received harsher treatment and suffered more disabilities than other POWs." If this topic weren't so serious, we could anticipate gales of near hysterical laughter at so ridiculous a comparison as "generally received harsher treatment." The numbers who died under the Japanese; the numbers who today are receiving disability compensation; even more importantly, the numbers of survivors who cry out for the recognition for compensation they earned and deserve, almost placesuch a comparison akin to travesty.

We have no desire to use a recent tragedy for comparative purposes, it seems to border on the macabre, yet it is so that to overlook it would be an injustice. When our people in Iran became hostages, many psychiatrists and psychologists advanced professional opinions the hostages would become victims of induced by the trauma of captivity. Like you—like all thoughtful Americans, we violently oppose such despicable actions by Iranian militarists and we join our Nation in prayer for their early release.

The American Defenders of Bataan and Corregidor deplores deprivation of freedom. Nobody values more his heritage of freedom than he who is forcefully deprived of it. Yet, this tragic situation has given vent to a bit of anger; modern day clinicians recognize an eventuality and it has taken the VA some thirty-five years to make an administrative change to their Program Guide to recognize Post-traumatic Stress Neuoroses as having been part of our prisoner-of-war life. The irony is further exphasized when it is determined the POW today who applies for Veterans Appeal Review still has to prove he was a POW!

Frustration becomes manifest, particularly in view of the fact our Col. Charles Brown, our Lt. Col. N.Q. Brill, Our Maj. John E. Nardini, doctors and psychiatrists and former POWs, submitted such findings within a year or two of our release and return to United States control. Perhaps, even at this late stage in our lives, there are many among our group who will benefit by this most liberalization in recognition of a prison camp syndrome we recognized from the date of our release. We know for certain that if the Veterans Appeal Board is confronted with this most recent change, even their decisions may be influenced.

In the Task Force Study, we noted there was not enough space given to the long range effects of malnutrition. This area needs be expanded and we feel if the area receives the consideration it deserves, the "presumptive" clauses will be removed from the VA interpretation of uncertainty into the accepted category it deserves. There is every bit of documentation our food situation was critical, even before we became prisoners of war. The history of Bataan records the troops took a 50 percent food cut on 5 January 1942 and three more cuts had to be imposed to stretch the meager rations issued to the troops. One need not be a member of the medical profession to reason that if a beautiful machine such as the human body is denied proper sustenance for any length of time, there MUST BE a breakdown in function. Sometimes such breakdown can be repaired through replacement of nutrients denied during the period. In our case, however, the denial was so protracted, damages were irrepairable and persist even until today. It is a matter of record our troops on Bataan had been reduced to less than 30% efficiency because they lacked a balanced diet. The same breakdown also reduced resistance to the hundreds of diseases which make inroads when that resistance is absent.

Compound the lack of food with the absence of proper medical supplies and then add the ingredient of sustained combat conditions and it should be readily understood this beautiful machine just cannot function without losing something along the way. As if our mathematics have not reached its maximum with the preceding, we then toss in the extension of denial of sustenance enforced by our Japanese captors. How can anyone deny these residuals are still present and in fact, constitute the basis for most, if not all, of our claims today? To carry this point of mal-nutrition one degree further, let me illustrate with the most common of ailments suffered by POWs in prison camps. Early denial of sustenance resulted in what was termed "The Hot Foot Syndrone." Apparently, when the body is denied certain vitamins, the nerve extremities are first affected. The earliest indication is tingling in the nerve ends—usually in the feet. When the denial is extended, the tingling turns into a burning sensation. Further denial apparently results in a permanent atrophy of the nerve ends and even today is widely recognized as peripheral neuropathy. Men would bathe their feet in cold water for temporary relief and we stress "temporary" relief. One of our doctors was spared these pains, which persist until today, and who, most unfortunately for us as a Group, was on the VA staff. He was one in a thousand who was not affected and he rendered a decision that this Hot Foot Syndrone was reversible and even curable. His statement, from a position of authority within the VA structure, denied practically all of us alive today, just compensation in this one area alone.

Another area which did not receive proper recognition and one which was very, very disappointing to us was pronounced by its absence in the Task Force Study. This was that no one in the Veterans Administration thought it sufficiently important to include a cultural background study as it related to the Japanese. If anyone must pronounce judgment on a given situation, does it not stand to reason all—and we repeat—all factors be taken into consideration?

In this respect, we would wish to dwell for a short period on what we deem an important factor which has not received any consideration during Veterans Appeals Reviews. We would commend a publication entitled "The Knights of Bushido" by Edward Frederic Langley Russel, Lord of Liverpool, published in 1958 by Dutton in New York. This publication damningly indicts the Japanese Government and military authorities repeatedly for their knowledge of the thousands of atrocities which were known to them and since no corrective actions were taken to curtail such actions the conclusion is that they were not only condoned, but sanctioned and even taught. Lord Russell's findings are based on sound evidence and although its contents read like an exaggerated fictionalized thriller designed to upset the average stomach, unfortunately all of its contents are true. It is a factual publication.

There is no joy in recommending this book. It is a rendition of one horror after another and almost descriptive in its chapter titles alone. For instance, "The China Incident" describes how during the first 6 weeks of occupation there, the

Japanese were responsible for murder, rape and mutilation of over 200,000 Chinese. The chapter "The General Treatment of Prisoners of War" points out that although the Japanese did not sign the Geneva Convention Treaty of 1929, they did sign the Fourth Hague Convention of 1907 and were bound, legally, to observe regulations for humane treatment, decent housing and food—all of which were grossly and harshly violated. The fate of air crews of British, American and Dutch unfold with parades in handcuffs and chains, torture, beatings, being shot or decapitated; not arbitrarily but as on the basis of rational decisions by captors. "Life and Death on the Burma-Siam Railway" puts Edgar Allen Poe to shame while "The Massacre and Murders of Prisoners of War" among other details, tells of beheading Americans on the Japanese troop transport *Nitta Maru*. The chapter on "Prison Hulks" tells a story which will violate every principle of good taste by its re-telling of the horrors lived through us on hell ships. "The Death Marches" are enough to sicken even the strongest among us yet should be required reading for all Americans so we never forget what an enemy can really do when circumstances permit such atrocities. The concluding chapters have other titles which can appeal only to those who are addicted to the sorriest traits related to a hell-on-earth existence and one such title is "Cannibalism, Vivisection and Mutilation." The book concludes with the title "The Kempei Tai" the dreaded secret police and Lord Russell points out that the uniformity with which they performed their tasks had to be taught and were accomplished through an established definite policy, acknowledged and approved by Higher Headquarters.

During consideration of granting or denying appeals at Veterans Appeal Board level, this publication would toss much light on how and why the POW was badly mistreated and how such treatment would contribute to his present state of neuroses and post-traumatic stress. If the Board understood why a nation was so brutal beyond description, there would be absolutely no hesitancy in ruling in favor of this POW. We realize, in effect, we are asking someone in authority within the VA to read this book and that this position offers yet another barrier for them to overcome. Instead, we would prevail on Members of this committee read this publication and we are convinced beyond any reasonable doubt it may become "required reading" for those who sit in judgment of us.

Still another area we would contest and which we consistently contested has been the area of "Benefit of the Doubt" during Claim Review or Appeal Board Action. It would be difficult to convince us Appeals Boards are not made up of individuals who are already pre-determined in their approach. If the Claimant does not submit "new or further proof" his case is automatically denied. Apparently it is not sufficient all pertinent regulations and directives stress the horrors of prison camps. It is not sufficient there are reminders of "presumptive" approaches. It is not sufficient our Congress requests liberal interpretation of such rules. It is not sufficient this POW is dying a slow death which had its inception in a Japanese prison camp. No sir, our experience has been that "further medical proof is required." What more proof than the fact he was incarcerated under the most horrible conditions ever? Board Members are reminded "there may be an absence of medical records in this case of this POW" but apparently that fact is overlooked. On one hand the VA proclaims to high heaven it extends this "reasonable doubt" and on the other hand, if solid, concrete medical proof is not present, the case is routinely—let me repeat—routinely denied. The travesty lies in the fact that if a medical record does not exist, there is an interpretation the disease itself did not exist! This is an unforgiveable manifestation of ignorance at the highest levels.

Somewhere between the time the Congress begs these cases be given liberal interpretation and the time the Appeal Board makes a decision, something is tragically lost in translation. By the time interpretation is added, the cold letter of the law and not its intent goes by the wayside and yet another former POW is penalized by the action. Despite pleadings which are as old as the Congress itself that common sense be the basis for decisions, we cannot help but feel that each encounter is somewhat reminiscent of the days of the Roman Coliseum but instead of Lions and Slaves, this score invariably is chalked on the Board as "VA—one; POW—Zero."

It is absolutely beyond our comprehension how—following fact after fact—verified so unfortunately through the many deaths which have resulted from incarceration, can be raticnalized as being a hinderance during "Reasonable Doubt" decisions. Of our original group captured, we are sad indeed to relate there are approximately five thousand of us left alive today. In simple mathematics, that comes to 20.8 percent while conversely some 79.2 percent of us have died in prison camps or since.

Members of this Veterans Affairs Committee, thirty-five years have passed to give us this opportunity to plead before you. We do not have the luxury of another thirty-five years to make another plea. We strongly recommend a real hard look be given this overall project. We need changes in regulations, changes in policies and proceedings. Changes in education, if need be. But changes there must be. Changes which cannot be misunderstood by those who sit in judgment of us. We must, with your help, get away from this concept that a lack of records indicates a lack of a disease. We must learn how to interpret the "intent" of the Congress, not erect barriers to add to an already existing burden when the POW applies for consideration. We must, with your help, impress on people who are interested only whether the exact letter of the law governs common sense, that cases not be routinely denied because we forgot to "dot an eye" or "cross a Tee." Above all, we would ask that when someone is asked to sit on such a Board of Appeals he search his soul to determine if he knows the entire story—not just findings of the past. If this individual cannot meet common sense criteria to sit on a Board, he should disqualify himself from passing judgment. He only kids himself with his affected authority and worse, he only hurts a deserving former POW from just compensation.

In concluding, please let me give you every assurance we are not here to render an indictment against the VA. What we have been trying for is a just approach to our situation, not colored or distorted by legaleeze and interpretation of law that had nothing to do with the fact we held off a terrible enemy from approaching Australia in 1942. We know nothing about a law that dictates how sick we can become because we were willing to defend principles we believed in then and now. Fighting men we were then and fighting men we will remain. We did not bargain for prisoner of war status and believe me, Members of this Committee, had we anticipated what was in store for us as prisoners, we would have rather died than go through what we survived.

Again, we thank you for this courtesy of hearing us. We are sorry we present a sorry picture but this is unavoidable in light of present interpretations of rules and regulations. We do appreciate that the VA, at everyday low levels gives us every consideration for the pains which wrack us. We do not have any priorities over any other Veteran but we do appreciate that they tend our complaints. We are grateful to the Task Force which brought this Study to your attention and although we are almost convinced it is just "only one more publication with no long range meaning, "we are grateful for it.

We stand ready for questioning if it pleases you and again, we Thank You Very Much.

STATEMENT OF ARTHUR A. BRESSI, PAST NATIONAL COMMANDER AND PRESENT SPECIAL PROJECTS OFFICER OF THE AMERICAN DEFENDERS OF BATAAN AND CORREGIDOR, INC.

Mr. BRESSI. One of the areas that was approached here today, sir, and I was tickled over the fact that it was introduced by someone else, was a bit of terminology—the benefit of the doubt.

We are quite concerned with this because from our point of view it is rather difficult to convince us that these Appeal Boards and Claim Review Boards are not made of people with predetermined decisions.

In almost every case where the prisoner of war—and I speak only for those of us who were captured in the Phillippines—in almost every case where one of our prisoners of war was turned down at the appeals level, invariably it seemed that they requested new or further proof or each case was automatically denied.

We find it rather odd that apparently it was not sufficient that all pertinent regulations and directives stress the horrors of prison camps. It's not sufficient that there are reminders of presumptive approaches. It is not sufficient that the Congress requests a liberal interpretation of the rules and regulations and, sadly, it's not sufficient that the POW is dying a slow death which had its inception in the Japanese prison camp.

Our sad experience is that always further medical proof is required, and we ask what more proof than the fact that he was incarcerated under the most horrible conditions ever, and these conditions are being amplified on today through this study.

Board members who sit at appeal board levels are reminded there will be an absence of medical records in the case of this POW, and apparently that admonition is overlooked.

On one hand, sir, the VA proclaims to high heaven it extends this reasonable doubt. On the other hand, if solid medical proof is not offered, the case is routinely—and I repeat routinely—denied.

The travesty lies in the fact that if a medical record does not exist, and we know that we don't always have the medical records, somebody interprets this as the disease not being existent.

Now, simply because we don't have a medical record is not an indication that the disease isn't there. It had its inception in a prison camp and it is there until this day, and what makes this unforgivable is that this ignorance seems to be carried out in the highest levels.

Some place between the time that you as Members of Congress beg that these cases be given liberal interpretation and between the time that the appeal boards make a decision, something tragically is lost in translation.

By the time this particular interpretation is added, only the cold letter of the law appears and not the intent of the Congress. Despite your pleadings as Members of the Congress that commonsense be the basis for decisions, we can't help but feel that each encounter we have is somewhat reminiscent of the days of the Roman Coliseum; but instead of the lions and slaves there, this goes up on the scoreboard as: "VA–1; POW–0."

It is beyond our comprehension with all the facts that are available, and even now some more emerge after 35 years, to support our contention. We have so many deaths to prove, and what with the results of incarceration we can't understand how somebody can look at this and not give us reasonable doubt.

Right now, there are about 5,000 of us alive. Dr. Stenger's figures when he released them indicating there are 16,000, we are convinced included about 12,000 Filipino Scouts, who were regular Army troops, but not Americans as we would distinguish them in this report. That means that there are about 20 percent of us alive today and some 79 percent have died trying to prove that maybe this remaining 20 percent is going to receive some justice. Thirty-five years have passed to give us this opportunity to plead before you, and we don't have the luxury of another 35 years to make another plea.

Now, we recommend that an extremely dedicated hard look be given to this total POW study project. Incidentally, we approve the project; we do. And we give the VA every bit of credit for pulling it and we agree that what it does is take a lot of facts and refocuses them and it brings it to your attention and for that we are grateful.

Now, we have got to have changes, changes in regulations, changes in policies, changes in proceedings and, if necessary, changes in education. Changes there must be. Changes, sir, which cannot be misunderstood.

We have got to get away from this concept that a lack of records indicates a lack of disease. We've got to interpret the intent of Congress

and not erect another barrier to add to the already existing burden when the POW applies for consideration. And above all, we would plead that when the VA appoints an Appeals Board that the person who sits on that Board asks himself, "Honest to God, do I know everything I need know to render a just decision?" If he can't answer that in an affirmative, sir, he does two great injustices: One to himself, and, worse, one to the POW.

And that would be the end of my two points that I asked to be heard on, sir.

Mr. MONTGOMERY. Thank you very much. It's very well done. Mr. Hammerschmidt.

Mr. HAMMERSCHMIDT. I have no questions, but I want to thank you very much for your very helpful testimony. Thank you very much, sir.

Mr. MONTGOMERY. Mr. Hall.

Mr. HALL. You made one statement that disturbs me somewhat. You said that 80 percent of those died trying to prove that the remaining 20 percent should have some benefits. How do you mean that?

Mr. BRESSI. Well, sir, perhaps the language didn't come out the way I intended it. What I meant to say was that almost 80 percent of us have died because of something that was contracted in a prison camp.

Mr. HALL. You're not saying that 80 percent of those who were in prison camp in Japan, who were captured there, Corregidor, have all died as a result of something that occurred in captivity, are you?

Mr. BRESSI. Well, I'm not a medical man, sir; but that would be difficult to get by me. I am convinced that everything we got today had its inception there.

Mr. HALL. You may be right. You may be right. I just didn't know that 80 percent had all died from service-connected——

Mr. BRESSI. Oh, no, sir. I didn't mean to imply service-connected.

Mr. HALL. While they were prisoners, while they were in captivity of the Japanese.

Mr. BRESSI. No. We lost about 12,000 in captivity, sir. The rest have passed on since.

Mr. HALL. Well, are you stating that the Veterans' Administration has not been fair with the POW's from that area during World War II?

Mr. BRESSI. What I am saying, sir, is that when we apply for what we believe is just compensation, that all the rules and regulations that somehow seem to indicate we get the benefit of the doubt does not appear to be factual, sir. We have so many instances where people are hurting badly because of something that was contracted there and they go and apply for just compensation. They are denied because, as I said, a medical record isn't available.

Mr. HALL. I get many letters. I'm sure that the members of this committee, likewise, receive the same type of letters from people who were POW's during World War II, and that's the war that I associate myself with more, claiming things that have occurred at this time that originated back then, maybe falling off of a jeep or something that happened, and there is no record of it. Thirty-five or 40 years have passed and maybe that person today has a back problem or some other difficulty that they attribute to an incident during their service but

there is absolutely no record at all. Everyone is dead. The doctors are dead. The morning report is missing. You understand all that.

I'm asking this information because I'm sympathetic to what you're talking about. If there are no records and you can't find any live witnesses who can swear to an affidavit that such and such occurred on a certain day, are you stating that the VA should ignore the absence of any testimony of any kind and still make an award to a POW or a person who claims to have sustained injury during the war?

Mr. BRESSI. No, sir. I'm not stating that at all. What I am saying is this, sir, that at the Appeals Board level, if there is not a document indicating that this man had an ailment, somebody up there is interpreting this as an absence of a disease itself. This is a factor when they ask for new or further medical proof or submission of proof to substantiate the claim.

Mr. HALL. But what would your position be if you were sitting on a board and there's absolutely no documented evidence that an injury occurred or that this person is suffering from an injury that he or she says is connected with service during the war? What would you do in a case like that? If you were on the VA Board, trying to make an honest and dedicated judgment as to what was right, what would you do, in the absence of any testimony?

Mr. BRESSI. In the absence of any testimony, you know you sort of posed that one, I would say rather than answer you directly, there have been some 400 books published on the travails of a prisoner of war under the Japanese; and most of our documents which are factual, a matter of history with the military, Lewis Morton's fall in the Philippines, all point to all of the circumstances which contributed to a tragic situation.

Now, what would I do. Well, there is so much to it. Why, for instance, did the Japanese treat us as badly as they did? This is what I said when if you don't know all the facts, you've got to study; you've got to learn what the facts are, and what would I do? Well, I couldn't extend myself, sir; I just, honest to goodness, couldn't extend myself to see it the way the VA does, because I am so biased and prejudiced.

Mr. HALL. I understand. I understand that. I appreciate that.

Mr. BRESSI. I am so familiar with all of the incidents that contributed to our circumstance. For instance, God gave us a beautiful piece of machinery that he calls a body and if that thing is not sustained, something starts to go haywire. It is a matter of record that our rations on Bataan were cut in half on January 5, not quite a month after the war started. And before we surrendered on Bataan, it was cut again three times. Toward the end, the men were living on a quarter, less than a quarter ration per day. The absence of that food, the absence of the vitamins, breaks down the body. It starts with one part and each part of the body is affected proportionately. It gets up into the mental strata. The efficiency is just reduced.

We were fighting at less than 30 percent efficiency when the war ended. Malaria took us because we didn't have the fortitude to fight off the diseases. When the Japs got us, we were already in bad shape; and then you compound that with 1,112 days or more of rations which were less than 1,000 calories in value. You see, something happens. The resistance to everything is just shot.

Mr. HALL. Well, I have a diary of a Tom Austin, who was captured in Bataan and was killed on the Enoura Maro in January, 1945, when he was sunk off the coast of Japan by, I think, allied ships.

Mr. BRESSI. Yes, sir, it was.

Mr. HALL. I've read what he said about the malnutrition and the 6 chickens for 500 men.

Mr. BRESSI. Yes, sir.

Mr. HALL. Of course, he was killed—a life long friend of mine. As I understand your testimony, and I respect it very greatly, it would be your position that if there is no testimony, or any evidence, documented that you would take the position of the writers of these various books relating the experiences of those people and make an affirmative finding, maybe, based on those facts as you know them to be from personal experience?

Mr. BRESSI. Yes, sir.

Mr. HALL. Thank you.

Mr. BRESSI. OK. Thank you.

Mr. MONTGOMERY. Thank you very much. You're a very fine witness.

Mr. MONTGOMERY. We'd like to have Lt. Gen. John Flynn, who's retired Inspector General of the U.S. Air Force. Before you got here, Sam, I mentioned that General Flynn was a prisoner of war for 5½ years in Vietnam. In fact, he was the ranking officer, I believe, in those camps. Very glad to have you, General Flynn. You may proceed. Your entire written statement will appear at this point in the record.

[Statement follows:]

STATEMENT BY LT. GEN. JOHN P. FLYNN

My name is Lt. Gen. John P. Flynn, USAF, retired as the Inspector General of the U.S. Air Force in November 1978. For a period of 5½ years, from October 1967 to March 1973 I was the senior ranking POW in Hanoi, Viet Nam. I presently serve as the advisor on Veteran Affairs to the Air Force Association and as the senior advisor to the NAM POWs, an organization with a membership limited to those persons, military or civilian, that were captured and interned during the Viet Nam War. In these capacities I was requested by and assisted the Veterans Administration Office of Planning and Programs in selected portions of their study now under review. I also served on the National Security Committee of Veterans of Foreign Wars and am Commander of the Disabled American Veterans Chapter 124, American Federation of Prisoners of War, the membership of which is made up of POWs from all states.

I thank the House Veterans Affairs Committee for the opportunity to make a statement for the hearing on behalf of my colleagues. Separately, I wish to express our gratitude to the Congress for initiating this action in response to the POWs petitions and in the interest of fairness to this special group that was privileged to serve their Nation, so well, under the most difficult of circumstances.

I would also commend the members of the Veterans Administration staff who were instrumental in completing this comprehensive and difficult report in a relatively short period of time. Overall, the study is a useful, excellent compendium. It fulfills the specifications for most of the elements of Section 305, Public Law 95–479 by describing or evaluating: repatriation procedures; types and severities of prevalent disabilities by areas and times; procedures for determining eligibility for health care benefits, and; surveying and analysing the medical literature on health problems related to former prisoners of war. Considering the time constraints and the magnitude of the task, it represents a remarkable effort.

It is encouraging to note that the VA, as a result of the study, has already undertaken important administrative actions which serve to identify POWs as a special category of veterans with health and medical needs that are unique to

that group. Further, it coalesces existing studies and adds to an increasing body of medical knowledge which is necessary to the resolution of their special and little understood needs.

What is emerging in this study is a much clearer picture of the long term and/or latent physiological and psychological effects of malnutrition, wounds, serious physical abuse and apprehension, all a result of prolonged imprisonment and common to all POW groupings.

Importantly, the study recognizes the synergistic effects of the large number of physical and psychological effects identified in it as characteristic of POWs from World War II, Korea, and Viet Nam. It states on page 139:

"Rather these problems are considered to be interdependent with the health of former POWs being viewed holistically. The "whole person" concept is consistent with the current trend in the general medical literature, which recognizes the reciprocal influence of "mind" and "body" on patient health."

And again it is reiterated in the summary on Page 154 and 155:

"This literature on former POW physical problems shows that they manifested a significantly higher amount of particular types of diseases—e.g., beriberi, optic atrophy, malaria, parasitic infection—upon repatriation which were related to the malnutrition, torture, climatic exposure, and other deprivations of internment. Epidemiological follow-up studies of former POWs indicate that residuals of these and other disabilities have persisted until the present time, accounting for significantly higher post repatriation mortality and moridity rates among former POWs relative to other veterans and control groups.

The literature on the psychological problems of former POWs, especially those of World War II, demonstrates that their mental state closely resembles that of another type of World War II victim—concentration camp survivors. The international studies in this area indicate that former POWs have many of the following symptoms of the concentration camp survivor "K–Z syndrome": general anxiety and nervousness, "startle" reaction, insomnia and nightmares, phobias, psychosomatic complaints, memory lapses, moodiness, inferiority complex, obsession with the past, depression, apathy, and "survivor guilt." The psychological literature also indicates that the "K–Z syndrome", "brainwashing", and other forms of psychic stress during internment has resulted in a significantly higher amount of family and social maladjustment as evidenced by inadequate functioning in father/parent roles, and higher rates of unemployment and disability compensation.

While the literature on former POW health problems is helpful in pointing out the relationship between their current physical and psychological problems and the malnutrition and stress of their internment, it still leaves unanswered many important questions—e.g., Is the excess number of deaths due to trauma and cirrhosis directly related to the POW experience? Is arteriosclerosis in former POWs directly related to the stress of internment? Questions such as these can be definitively answered only by further scientific study."

The nature of former POW physical and psychological problems—and the interdependence of both in affecting the overall health status of former POWs is best summarized in the following observation by Segal:

"The environment of POW captivity typically combines a potent blend of physical hardship and deprivation, on the one hand, and enormous psychological stress and trauma on the other. It would be foolhardy indeed to distinguish the relative impact of each of those factors on the post-captivity health status of repatriates, but it is clear in any case that survivors of the POW experience, are at risk for a staggering range of physical disabilities and (psychological) symptoms that can be ascribed to the overall captivity episode."

Since my release from prison in 1973 I have been continually and intimately involved with POWs. First, on active duty, I responded to private and official appeals of at least 100 Viet Namese POWs concerning pressing and vital career and private family matters and, later, with a large number of World War II veterans, particularly the survivors of Bataan. My personal assessment is that the above statement from the report is most descriptive in the psychological area. Significantly, a large percentage of these POWs, not having access to this type of information, who exhibit almost classical profiles, and with whom I've counseled, universally display dismay and relief when a probable cause for their circumstances is advanced to them. Dismay, in terms of realization that their experience has placed limitations on them. Relief, since knowing the cause is explicable and probably involves the total population of POWs to some varying degree. It also explains to many of them, and importantly their families, their increasing in-

ability to perform at previous levels of work competency or to withstand prolonged stress, particularly that associated with job and family. I believe that it provides an important linkage to such vexing questions as to the why of higher potential for suicide, trauma, alcoholism, shorter life span, etc., that seems to be a characteristic of the POW community.

Psychologically, I also believe that the statistical base may contain a bias because of the general lack of awareness within both the medical community and the POW community as to the symptoms and the cause and effect of the POWs, circumstances, the POW is unaware (or ashamed) of his symptoms and thus fails to communicate them. The attending medical practitioner, unaware of the existence of such a family of related symptoms, is unable to ask the proper questions. This is all understandable, the average practitioner or POW cannot be expected to be knowledgeable but it is also regrettable since it tends to obscure the problem.

I would recommend:

That Public Law 91–376, which lists and provides presumption of service connection for certain physiological diseases be amended to provide presumption of service connection for certain psychological disabilities identified in the VA report, e.g., anxiety, insomnia and nightmares, psychosomatic complaints, phobias, depression, memory lapses, lack of concentration, etc.

It be recognized in this amendment—the principle of synergistic impact of physiological and psychological symptoms in determining service connection for disability, suicide, trauma, or death related to trauma, unemployabilities, etc. (For example: the "trophic chain" relationship of poor physical or mental health—to depression, inability to perform, or stress—to drinking or serious mental distraction—to serious accidents, accidental death, suicide, or employability.)

The Committee recognize the importance of service connection to the widows of the POWs who may have died as an indirect or direct result of a family of related physiological and psychological symptoms which heretofore were difficult to link with service connected criteria. These cases are particularly difficult in that circumstances preceding the death, e.g., prolonged unemployment, leaves the widow with very few resources to contend against the considerable burdens which she now faces.

Before I turn away from the health care, we commend the VA recommended Legislative Action "That title 38 U.S.C. be amended to authorize eligibility to former POWs for VA hospital care and medical services for any disease or neuropsychiatric disability." (Pg. 6). We read the sense of this to mean that they will be treated whether or not the cause of the treatment has been previously identified as service connected. If our interpretation is accurate, we express our deep appreciation for the fact that this long overdue action has been recognized. This will ease a considerable burden and source of many justifiable complaints.

One of the disappointing aspects of the study to our Viet Nam POWs is the very little of identification of this community in the study. This is understandable in that they area small group, many of whom are still in the service, and statistically they are not significant. On the other hand, this group has perhaps the best documented pre-and post medical records, the longest term of exposure and the harshest torture environment.

The assumption, that what has happened to the other groups in terms of physiolgical and psychological disabilities will happen to them, is a fair and logical one. This is important, since many of them will soon retire from the service. In the process, they will face medical evaluation for retirement.

Generally, and understandably, the DOD medical community (with some notable exceptions) lags the VA medical community in awareness of symptomology related to POW experience. Since the DOD policy for disability awards is based on the principle that presumption of fitness must be ovvercome by the retiree, if the retiree was present for duty and qualified for world-wide duty when he entered the retirement process. The net result is that if these two conditions are present, in all likelihood he will not be adjudged eligible for service disability.

Linking the Viet Nam POWs to the expanding body of medical knowledge on POWs, which is chiefly a result of VA efforts, would do much to enlighten the DOD medical community to the in service POWs problems. It would also aid in their transition into the VA system as appropriate.

Also, not mentioned is another group that may deserve some medical health care attention; the Nurses who were also imprisoned. In the course of the survey, as a prelude to this testimony, several of them mentioned that there is confusion about their status and they report that it is difficult for them to obtain medical

assistance. This is important to them since, except perhaps torture, they were exposed to most of the physiological and psychological effects as were male POWs.

Hopefully, future study efforts will address the needs of this small group of women whose sacrifices were no less than the males but their needs may well not have been recognized. If the present law does not provide for them I would recommend consideration of enfolding them in this Congressional review and assure that the administrative procedures implemented include them. This also will be an increasing factor for the VA in the future because of the increase of women in the services and the potential for more of them entering the POW community.

Finally in connection with compensation:

Perhaps the most important recommendation as to the future of the POW is the recommendation:

"Recommendation: That the VA take such action as is necessary to establish the proposed advisory committee of authorities in the types of disabilities prevalent in former POWs, use the expert opinions of the panel to assess the medical evidence on former POWs and advise the Administrator and his staff on agency policies and procedures concerning former POWs."

We would recommend that the advisory committee include on its membership, medical and/or non-medical representatives designated by the American Ex-Prisoners of War and the Disabled American Veterans. Both of these two organizations serve as ombudsmen for the POW community and, in that role, would provide an invaluable link to those groups' current and future problems, while at the same time, kee,ping them informed of how they can assist the VA with their considerable task.

Unfortunately, the time constraint did not permit a more detailed examination of how other nations have handled compensation for their POWs. Statistics indicate that only a certain portion of the POW community receives disability compensation. At the same time trending medical evidence indicates that in likelihood most (if not all) of the POWs have prison connected disabilities. The effect of malnutrition, apprehension, and stress may vary by individual and by circumstances, but it is a fair assumption that it has touched all. I would recommend that consideration be given to a presumption of a degree of disability based upon length and location of imprisonment for those POWs who do not presently receive compensation.

We are most grateful for the recommendation by the VA that the Congress designate an annual POW/MIA Recognition Day. We believe that it is timely and will contribute to the restoration of patriotic and traditional national values.

I thank you for your forebearance and courtesy in this most important matter and permitting my participation. Once again we are most appreciative of the Congressional initiative which can only result in improvements for the POW community.

STATEMENT OF LT. GEN. JOHN P. FLYNN, RETIRED INSPECTOR GENERAL OF THE U.S. AIR FORCE

General FLYNN. The members of the committee, I do appreciate the opportunity to appear here before you, and particularly we would like to thank you all for initiating a study like this in the first place. It may effect some badly needed reforms.

I would also like to reiterate my thanks for the members of the VA staff who participated in the study, particularly the Office of Planning and Program Evaluation, and they are instrumental in completing this difficult and far-ranging study. It's a very useful report, done in a very short period of time, and we're very impressed within the POW community with the way they went out in the field and responded not only with their head but with their heart.

I've already submitted my statement for the record and had an opportunity to review Mr. Sommers' and Mr. Bressi's statements. I've just heard their summaries.

Since I concur in substance with both of their statements and their summaries, I shall not summarize; but I would like to amplify one

aspect of the report which might have a great deal to do with answering your questions and yours, Mr. Hall, and that is the KZ syndrome.

The KZ syndrome describes significant long-term effects, both physiological and psychological, as a result of imprisonment—imprisonment characterized by prolonged malnutrition, torture, physical abuse and stress.

Although the term was derived as the results of a study which determined the long-term effects and treatment of the Jews in Nazi concentration camps, the VA study, importantly, links these effects with our POW community. It is also important to note that these effects, these symptoms, are not always immediately present. They may not occur until 5 to 10 or 20 years later. They are quite often latent in nature.

Some of the psychological effects related to the KZ syndrome are anxiety, instability, nervousness, startle reaction, insomnia, et cetera. You've heard some of those statements today.

I would just like to touch upon one psychological effect and its relationship to what we're doing here today. It was explained to me by a gentleman who unfortunately is not here; he is Dr. Jesse Green, a Ph. D. in psychology, and he attended the Vietnamese prisoners of war. He is prepared, however, to make a statement for the record.

When a subject of the KZ syndrome is tested, the clinical results indicate that if this person has a certain level of intellectual capability and is given a problem, the resolution of which depends upon old knowledge, he can perform successfully to his intellectual capability. However, if this same person is given a problem, the resolution of which depends upon acquisition and assimilation of new knowledge, he performs below his intellectual capability.

Importantly, he may also have a much lower tolerance for fatigue. He may reach the same point of fatigue in 24 hours as would a person, one who did not suffer from the KZ syndrome, reach, in say, 72 hours. Thus, if a person with the KZ syndrome—in this case, our POW's—is employed in a role that requires assimilation and retention of a large number of new facts, then a decision or a recommendation depending upon these facts is difficult for him to make. Additionally, if he's stressed and he decides to work overtime, because of his inability to withstand fatigue, his performance will probably deteriorate further. The old saying, the harder I work, the behinder I get, is particularly pertinent to POW's who manifest the KZ syndrome.

The KZ syndrome can, in a way, be described as premature aging. It's quite similar to senility. Many of us can remember our old folks who could recount in vivid detail the occurrences of their childhood, but when faced with their own children, can't even remember their names. Also, remember how easily confused they can become in the face of fatigue.

It is interesting, then, that perhaps prisoners who have been living for periods of as long as 8 years on substantially their own body may be prematurely aging and produce some of the effects which we see here. They also have a shorter life span than their non-POW combat counterparts. That is in the statistics.

Back to the mind. We often hear the expression, the mind is a terrible thing to waste. In today's world, the psychological disability may be more debilitating than the physical one.

I would like to ask this committee, would you tolerate one of your staffers who constantly forgets what you ask him to do? If he gets worse if you put stress on him, and if you require him to work overtime to catch up? If he accomplishes his office tasks with diminishing competency whenever he is fatigued? I don't think you would hire this kind of man, nor would I. Would we fire him if we knew he had been a POW? Well, maybe we would, maybe we wouldn't. In any event, we'd probably downgrade his responsibilities as a result of his performance provided it didn't cost us too much. If we were short of money, we'd probably reluctantly let him go.

On the other hand, he might quit. He might be frustrated by a feeling of inadequacy and drift downward on the job employment ladder, perhaps turn to alcohol. We know that a much higher rate of alcoholism is a problem within the POW communities, thus increasing stress with his family relationships at home. Perhaps, in a moment of exasperation after a family argument, he might get in the car, encounter a moment of inattention, and suffer a severe accident or be killed. Or, perhaps, in a moment of deep depression, he might commit suicide, and the fact that POW's have a higher suicide rate is also in the POW statistics.

Would either such an accident or the suicide be service-connected? I don't know. Probably not. Would his widow who nursed him during the long periods prior to his death, who raised children in this emotionally stressed and probably impoverished family, working on a tight budget, would she get her DIC?

Are psychological difficulties important? I have deep sympathy for amputees. I stand in admiration of Mr. Cleland. He operates as the Administrator of the VA with the loss of three limbs. He's been an inspiration to many of us. Could he do his job if he had a 5-percent or a 10-percent or 20- or 30-percent loss of mental capability? Could you gentlemen? Could our Senators? Could our business executives? Could our generals?

What we've glimpsed here in this brief summary is a portion of the description of the profiles of many POW's. In overview, one could state they joined the service as strong, intelligent people, or they couldn't have been in the service in the first place. Then they are captured and they suffer prolonged malnutrition and stress for as long as 8 years; and those 3 months or 6 months or 2 years or 8 years spent as prisoners are really subtracted out of their life. They then emerged to find society had changed and they had to cope with that changing society and, in many cases, confront stress within their families. But now they are subject to hidden disabilities, mental disabilities and, more obviously, physical disabilities, much of which is not documented and cannot be explained reasonably except within the small body of medical knowedge extant in the world today concerning the KZ syndrome.

They can also look to a shorter lifespan. I would submit, gentlemen, that the least they deserve is a presumption that we don't really know and can't adequately diagnose many of their health problems. They surely deserve a presumption of service-connection so that they can be treated for any disease or neuropsychiatric disability, service-connected by present definition or not. Only the Congress can assure that in writing, and the writing should be specific within the law

toward that objective. In this connection, I strongly support Mr. Bressi and Mr. Sommers. Thank you for you indulgence.

Mr. MONTGOMERY. Thank you very much, General Flynn, for that splendid, articulate statement that you have made. Certainly, no one knows better about these syndromes and the problems that especially the Vietnam era veterans have had; and, as pointed out, actually that group of prisoners were held longer than any other group of Americans, as far as we know.

If any of you other ex-POW's of the Vietnam era would like to submit statements, we'll keep the record open for several days.

On the KZ Syndrome, is there a time limit a person would serve as a prisoner of war that would make a difference? Would he have to serve a minimum time before he would start having these symptoms?

General FLYNN. I think I understand the sense of your question, sir. One can separate the KZ Syndrome roughly into two components: malnutrition and stress. I'm not a medical man, obviously; but I think that it is possible for a person who has been in prison a short time to suffer the KZ Syndrome because he underwent considerable stress and apprehension. We know now that mental circumstances impact importantly on bodily health.

There is also no doubt in my mind that if one adds malnutrition to that stress, one would complicate the symptoms. The longer you are malnourished, the more likely you would have more severe and synergistic effects. On the other hand, one must include in the equation who the man was. If the man goes into the prison circumstances in robust health and is in the upper percentile of intelligence, in all probability he should suffer less than a man who went in under conditions of poor health and had a lower intellectual capability. So that aspect is involved.

It turns out that it is not a simple question, Mr. Chairman. But, I think it is possible to alter significantly a man's physical and psychological circumstances after one day in a harsh environment, particularly torture, such as that as has occurred many times in many prison circumstances.

So, if I were to recommend a treatment for a general population—not a large population, but a special population that has undergone these circumstances, I would recommend a treatment which embodies the entire group. I would prefer to make certain that all are treated rather than build artificial barriers meant to exclude one or two undeserving men, and as a result of that, many deserving people are missed. I think that's the sense of some of the complaints which you have heard here today.

Mr. MONTGOMERY. I think I have two other questions, and I'll make them very brief. The survivor training that you received was different from the American prisoners in the Korean War and World War II. Does that make your survival easier?

General FLYNN. Sir, I'm the only prisoner of war from Vietnam who was too busy to go through survival training, so I'm not testifying from the standpoint of personal experiences. We have interrogated our community on that point, and our people state that the survival training conducted by the services prepared them as best anything could for the incredible shock of stepping into a hostile culture.

They said that a training environment could not duplicate what was coming, but within the limitations of humanity, our services did the best they could. They gave our services survival training a very high mark.

Mr. MONTGOMERY. My last question concerns the American hostages in Iran. I hope the reports are correct that, so far, none of our American hostages have died. In fact, I told President Carter at the White House, if we didn't get them out of there quick enough, some of them would not survive. Of course, we don't know whether they have or not.

Do you expect these hostages to have mental problems—what is your feeling on that, General Flynn? I guess there is no question they will have some mental problems when they come out, if we ever get them out.

General FLYNN. Yes, sir. I think I would throw that population into our population which you are hearing about today. I think that they are suffering to a great extent the same mental duress which we underwent—the great uncertainties. The significant thing about their circumstance is the same as ours, that suddenly you are in a dreadfully hostile environment and you have lost control over your own circumstances or destiny. That is a remarkable thing, and it does leave a mark upon a man. It is implicit in the KZ Syndrome in terms of the word "apprehension." You live in a circumstance of deep apprehension, and I think that changes the man psychologically.

Mr. MONTGOMERY. Thank you. Mr. Hall?

Mr. HALL. I have a thousand questions, but I will pass.

Mr. MONTGOMERY. Thank you, General Flynn. We are certainly proud of you and appreciate you being here this morning.

General FLYNN. Sir, it's a pleasure to see you again, and thank you for the opportunity, gentlemen, of appearing before you.

Mr. MONTGOMERY. We'd like to call our last witnesses to all come up as a panel, if they would not mind doing that. Mr. Lyngh, who is the Director of the Veterans Affairs and Rehabilitation Commission of The American Legion; Gabe Brinsky with the AMVETS; Butch Joeckel with the DAV; and Don Schwab with the Veterans of Foreign Wars.

We'll let Mr. Lyngh go first. Your written statement will appear at this point in the Record.

[Statement follows:]

STATEMENT OF THE AMERICAN LEGION BY E. PHILIP RIGGIN, DEPUTY DIRECTOR NATIONAL LEGISLATIVE COMMISSION, AND ROBERT E. LYNGH, DIRECTOR, NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION, ON POW STUDY MANDATED BY PUBLIC LAW 95-479

Mr. Chairman and Members of the Subcommittee: We appreciate the opportunity to express the views of The American Legion on the report of "Study of Former Prisoners of War." Section 305 of Public Law 95-479 proposed the requirements of the study and defined its purpose. In the Executive Summary the report states that the purpose of the study is to recommend actions necessary to assure that former prisoners of war receive compensation and health care benefits for all disabilities which may reasonably be attributed to their internment. Before discussing and commenting on the recommended legislative and administrative actions in the study report, we want to quickly summarize The American Legion's concern over the past twenty years with the immediate as well as the the long-term consequences of a prisoner of war experience of former members of the Armed Forces during World War II, Korean War, and the Vietnam War.

In 1960 and 1961, resolutions emanating from department Legion conventions were seeking changes in the VA disability rating schedule so as to establish the disability rating code of "Prisoner of War Syndrome." A survey and study by the Department of California Director of Rehabilitation, as accomplished in 1961, concluded that the then existing VA schedule for Rating Disabilities was inadequate for evaluating the many ill-defined mental and physical symptoms manifested by former prisoners of war of World War II service.

At that time, we were aware of and familiar with the study perfomed jointly by the Veterans Administration and the National Research Council in 1953 and reported in VA Monograph of September 21, 1954. The report expressed the necessity for continuation of follow-ups to detect late effects or confirm early findings, and the desirability of more intensive study in certain areas.

Also available was a study under Public Law 83–744 by the Secretary of HEW, in cooperation with the Veterans Administration, the Secretary of Labor, and the Secretary of Defense. Published January 12, 1956, the report, in part, concluded that no basis existed for the prediction of future disabilities and that a comprehensive study of the type completed by the National Research Council in cooperation with the VA be repeated after another 8 or 10 years.

In view of the inconclusive nature of the findings in these studies and of the survey and study reported by the Department of California, the May 1963 meeting of our National Executive Committee approved a resolution urging the National Research Council to again accomplish, in cooperation with the VA, a comprehensive study along the format done in 1953, with the exception that it incorporate Korean Conflict prisoners of war, for the purpose of ascertaining the existence of mental and physical consequences of experiences endured whiledetained by the enemy, and for the purpose of adjudicating entitlement to benefits, determining the effects of these residuals on their life expectancy, health, and adjustment to civilian life.

Accordingly, the purpose of Resolution 36 was presented to both the Administrator of Veterans Affairs and to the National Academy of Sciences—National Research Council in mid-1963. In February 1965, the Administrator of Veterans Affairs informed the Legion that the final protocol was devised for the second study of WW II and Korean Conflict prisoners of war.

Gilbert W. Beebe of the Medical Follow-up Agency, National Academy of Sciences—National Research Council, completed the study and report on August 29, 1974, entitled "Follow-up Studies of World War II and Korean War Prisoners: II Morbidity, Disability, and Maladjustments."

The report reveals that sequelae of the POW experience are both somatic and psychiatric, and of greatest extent and severity among Pacific WW II veterans. Among European WW II POW's, only psychiatric sequelae are apparent. Somatic sequelae were most prevalent in the early years after liberation, but for Pacific World War II POW's they persist in the form of higher hospital admission rates for many specific causes in the most recent period. Nevertheless, persistent psychiatric sequelae (especially psychoneurosis but also schizophrenia) are the more notable and pervasive for both Pacific World War II POW's and Korean Conflict POW's as seen not only in elevated hospital admission rates but also in VA disability awards and in symptoms reported on the Cornell Medical Index Health questionnaire. The excess morbidity, it is pointed out, appears to correlate well with retrospective accounts of weight loss and nutritional deficiency diseases and symptoms during the POW period.

Mr. Chairman, the findings in the G.W. Beebe study prompted the Legion in 1978 National Convention to approve a resolution to sponsor and support legislation to amend 38 USC 312(c) so as to grant service connection for a psychosis or psychoneurosis if manifested to a degree of 10 percent or more within 7 years from such service, and for any of the chronic diseases set forth in section 301(3) of such title if manifested to a degree of 10 percent within 5 years from the date of separation from such service. H.R. 2015, as introduced by you, Mr. Chairman, for The American Legion, would accomplish the purpose of Resolution 193. We appreciate your cooperation.

Mr. Chairman, we shall now direct our statement to the recommended legislative and administrative actions in the "Study of Former Prisoners of War."

LEGISLATIVE ACTIONS

(1) That title 38 USC be amended to authorize eligibility to former POW's for VA hospital care and medical services for any disease or neuropsychiatric disability.

Under the proposed amendment, according to discussion associated with the recommendation, former POW's would be authorized eligibility for VA hospital care and medical services (other than dental care) for any disease or neuropsychiatric disability, with the same priority as is granted a service-connected veteran seeking care for a nonservice-connected disability.

Comment

According to the study, the most recent estimate indicates that 98,494 former POW's were still alive on January 1, 1979. This does not include an estimated 800 former POW's from World War I. This study also reveals that 42.8 percent of World War II POW's and 59.2 percent of Korean Conflict POW's are receiving service-connected disability compensation. The study report gives no information on the percentage of those not receiving compensation but who have a rated service-connected noncompensable service-connected disability.

With respect to the 642 living POW's of the Vietnam War, the study report states that the available mortality and morbidity information on this group is too recent to draw any definitive conclusions as to the types and severity of their post repatriation disabilities.

In discussing this recommendation, the report stresses the fact that a significantly higher proportion of former POW's have service-connected disabilities than other veterans who served during the same periods and that former POW veterans are shown to be more severely disabled than non-POW veterans. Despite this, it states, two factors make the adjudication decisions extremely difficult: one is the frequent absence of medical information at the time of repatriation and the second is that medical science cannot, at this time, conclusively determine on an individual basis the origins of some disabilities particularly prevalent among former POW's.

It appears to The American Legion that the foregoing raises a reasonable doubt which should be resolved in favor of the former POW veteran when he makes application for medical services or hospital care, i.e., the disease or psychiatric disability should be presumed to be service-connected if not so already adjudicated.

Based on the foregoing, we feel strongly that the legislative action should be revised so that the amendment to 38 USC would provide that former POW's be authorized eligibility for VA hospital care and medical services (other than dental care) for any disease or neuropsychiatric disability, with the same priority as is granted a veteran seeking care for a service-connected disability.

(2) That title 38 USC be amended to eliminate the requirement that psychoses suffered by POW's must become manifest within two years following service separation before the rebuttable presumption of service connection arises.

Comment

Section 312(c)(2) of title 38, United States Code, now provides that a psychosis which became mainfest to a degree of 10 per centum or more within two years from separation from such service shall be considered to have been incurred in or aggravated by such service.

But for the purpose of such subsection (c)(2), subsection (b) of section 312 provides that the veteran be held as a prisoner of war for not less than six months before he is deemed to have suffered from dietary deficiencies, forced labor or inhumane treatment in violation of the Geneva Convention.

In the conclusion leading to this recommendation, the report states—"Further evidence of a significant amount of psychoses among former POW's many years after repatriation comes from the National Academy of Sciences-National Research Council follow-up studies published between 1946 and 1980, which suggest that the significantly higher amount of POW deaths from the time of repatriation to the present, attributable to suicides, accidents, and other forms of trauma could well be due to the extreme psychological stress of the POW experience."

We concur with the proposed recommendation that would eliminate the two year limitation imposed by section 312(c)(2).

(3) That a specific date be designated as an annual National POW/MIA Recognition Day to honor and recognize the extreme sacrifice made for their country by this special group of combat veterans.

Comment

The American Legion is in agreement with the purpose of this recommendation and we urge the enactment of law designating July 18 of each year as National

POW/MIA Recognition Day. Under such statute, a Presidential proclamation would announce the purpose of the event and ask federal government agencies, state and private organizations to observe this day with special activities or ceremonies throughout the nation.

ADMINISTRATIVE ACTIONS

(1) That the VA's forthcoming guidelines on "post-traumatic stress neurosis" include an explicit reference to former POW's as well as other combat veterans, and that these guidelines specifically be used to diagnose, treat, and rate former POW's with anxiety neuroses or similar neurotic disorders as well as other combat veterans.

Comment

In the conclusion preceding this recommendation the study states—

"Reports of epidemiological studies, other medical literature, and this study's comparison of current VA compensation data all identify psychological problems as the most prevalent disabilities affecting former POW's and demonstrate that they occur at a significantly higher rate than that experienced by other wartime veterans. However, these types of disabilities may be difficult to link to the POW experience in some cases, especially when the condition first becomes noticeable many years after repatriation. The stress experienced as a POW can predispose the former POW to later psychological disorders. The disorder can appear long after the POW is repatriated, with no manifestly apparent connection to the POW experience. Often there is no recorded history of the disorder in the intervening years. Clinically, it may be difficult to conclusively determine whether the disorder is the result of the stress of the POW experience."

Under POW psychological problems, the study refers to the NAS–NRC study by Gilbert W. Beebe from which we had quoted earlier in this statement. In conjunction with the excerpt from the Beebe follow-up morbidity study of American WW II and Korea POW's, the study states as follows—

"In Nefzger's follow-up morbidity study of American WW II and Korea POW's, it was suggested that the significantly higher amount of POW deaths due to trauma and cirrhosis could well be related to the psychological stress of the POW experience."

The following appears in the study under the K–Z syndrome—

"The onset of the K–Z syndrome is usually shortly after liberation, although in some cases it remains latent, not becoming apparent until years later. Meerlo has described the clinical progression of the condition—an intial, acute attack of anxiety, apathy, depression, aggression and/or psychosomatic complaints followed by an 'incubation' period in which these feelings are suppressed. This phase—which may last years—is clled the 'bridge period.' The psychological defense mechanisms used for emotional suppression during this period eventually disappear, culminating in a reappearance of the original anxiety and related symptoms in chronic form."

Since, as pointed out in the study, it is difficult to consulsively determine whether the disorder is the result of the stress of the POW experience and since the major finding derived from the description and analysis of repatriation procedures was that the comprehensive administrative and medical repatriation procedures written for WW II and Korea POW's were not fully implemented in the medical area, The American Legion believes that the only equitable solution is to grant service connection by presumption for anxiety neurosis or similar neurotic disorder and since these disorders may occur may years after the POW episode, the presumption should be open-ended.

We recommend an amendment of 38 USC 312(c) so as to provide that anxiety neurosis or similar neurotic disorder manifested to a degree of 10 percent or more shall be considered to have been incurred in or aggravated by such service.

We have no objection to the use of specific guidelines to diagnose, treat, or rate these disorders.

(2) That the VA adopt a standardized protocol for disability compensation examinations for all former POW's similar to that developed by the military for the former Vietnam POW's and that each VA Medical Center designate certain physicians knowledgeable about former POW's and their medical problems to conduct or supervise such examinations for purpose of follow-up treatment and research.

Comment

The VA study report acknowledges that many former POW's have complained that their medical treatment does not include such a thorough examination. They attributed such alleged inadequate treatment to the absence of a standardized examination protocol and they also attribute such treatment to VA physicians who are allegedly unfamiliar with or unsumpathetic to former POW medical problems.

A review of the 1956 HEW report referred to earlier, recommended that psychological and psychiatric studies should be made to determine the extent to which mental adjustment, physical efficiency, present and past physical illness can be explained on a psychologic basis, and to separate organic and functional complaints.

When such a protocol is standardized for disability compensation examinations for former POW's, it is suggested that periodic reviews by made by the Chief Medical Director's office to assure that there is compliance by examining physicians.

(3) That follow-up medical treatment and research of former Vietnam POW's still on active duty be continued by DOD, and that follow-up treatment and research of former Vietnam POW's separated from the military be conducted at VA Medical Centers using military protocols, with the individual results of such examinations furnished to DOD and the statistical results published and disseminated by the VA.

Comment

The American Legion supports the purpose of this recommendation. If such medical treatment and research data had been initiated at the time the other POW groups were repatriated, a more reliable source of data would be available for diagnois, treatment, and adjudication requirements of the VA and other Federal agencies.

(4) That the VA take such action as is necessary to establish an advisory committee of authorities in the types of disabilities prevalent in former POW's, use the expert opinions of the panel to assess the medical evidence on former POW's and advise the Administrator and his staff on agency policies and procedures concerning former POW's.

Comment

We believe that the proposal has merit. It should though be established by Congress as to its composition and outline of purpose. Provision should be made in the enabling statute for periodic reports to the Chairmen of the respective Veterans Affairs Committees.

(5) That the VA review its manual and computerized records and forms to identify those which should be identified with POW indicators, and then take the appropriate administrative actions to ensure that these records and forms are so identified.

Comment

The study catalogues the benefits that should result both to the POW veteran and to the VA. Care should be used, though, that no embarrassment be created for the individual POW. Some are very sensitive to being so labelled.

(6) That the VA periodically emphasize the special health care and compensation procedures applicable to former POW's through its agency information programs, and that a copy of this report be provided each VA Medical Center and Regional Office as a reference of former POW's.

Comment

We agree with the intent of the proposal. Our observations over the years of the attention given VA hospital admission policies, the attitudinal or "TIGER" programs, etc., leave some doubt as to its continued employee compliance.

(7) That the VA designate certain individual(s) to be the VA Central Office coordinator(s) with the responsibility for assisting in the implementation of ongoing programs for former POW's serving as liaison with individual former POW's, former POW groups, and the DOD Office of POW/MIA Affairs; and monitoring this study's recommendations.

Comment

We agree that there is a need for coordinating activities within the VA as well as with activities in the Department of Defense and to maintain a liaison with individuals and POW organizations.

Mr. Chairman, this concludes our prepared statement. We pare prepared to answer any questions that you or your Subcommittee members may have.

Thank you.

(Attachment: Resolution 36 of the May 1963 NEC. Resolution 193 of the 1978 National Convention.)

NATIONAL EXECUTIVE COMMITTEE MEETING OF THE AMERICAN LEGION, MAY 1–2, 1963

RESOLUTION NO. 36

Commission: Rehabilitation.

Subject: Seeks a study by the National Research Council, in cooperation with the VA, of former prisoners of war. (Origin: Referred Resolution No. 101 (Mo.) 129 (Ark.) 451 (Calif.) 1962 Natl. Conv.).

Whereas, a survey and study by the Department of California concluded that the current VA Schedule for rating Disabilities is inadequate for evaluating the many ill-defined mental and physical symptoms manifested by former prisoners of war of World War II service; and

Whereas, the study ordered by Public Law 744 of the 83rd Congress to determine the effects of malnutrition and other hardship on the mortality and morbidity rates of former prisoners of war of World War II was deemed necessary because serious problems had arisen in connection with the adjudication of claims for disability and death benefits; and

Whereas, the study performed by the National Research Council in 1953, reported in VA Medical Monograph of September 21, 1954, and the study under Public Law 744 of the 83rd Congress by the Secretary of the Department of Health, Education, and Welfare, in cooperation with the Veterans Administration, the Secretary of Labor, and the Secretary of Defense, conclude that further special studies are needed; and

Whereas, the report—published January 12, 1956—of the study accomplished by direction of Public Law 744, 83rd Congress recommended, since no basis existed for the prediction of future disabilities, that a comprehensive study of the type completed by the National Research Council in cooperation with the VA be repeated after another 8 or 10 years' and

Whereas, there is an increasing concern by the National Rehabilitation Commission of the fact that many former prisoners of war are now medically manifesting frequent vague complaints of easy fatiguability, irritability, and mental inefficiency; now, therefore, be it

Resolved, by the National Executive Committee of The American Legion in regular meeting assembled in Indianapolis, Indiana, on May 1–2, 1963, that The American Legion shall urge the National Research Council to again accomplish, in cooperation with the Veterans Administration, a comprehensive study along the lines of the one done in 1953, with the exception that it incorporate Korean Conflict prisoners of war, for the purpose of ascertaining the existence of mental and physical consequences of malnutrition, hardships, and brainwashing techniques endured while detained by the enemy and, for adjudicating death and disability benefits, determining the effects fo these residuals on their survival, their health, and on their adjustment to civilian life.

Approved.

SIXTIETH ANNUAL NATIONAL CONVENTION OF THE AMERICAN LEGION NEW ORLEANS, LOUISIANA, AUGUST 22, 23, 24, 1978

RESOLUTION NO. 193 (WISCONSIN)

Committee: Veterans Affairs and Rehabilitation.

Subject: Sponsor and support legislation to amend 38 USC 312(c)(2), pertaining to certain diseases and disabilities of prisoners of war.

Whereas, the follow-up study of World War II and Korean prisoners covering morbidity, disability and maladjustments was completed in August 1974; and

Whereas, this study revealed some significantly higher standards compared to controls in the hospitals admission rates for Pacific POW's covering the first years following repatriation; and

Whereas, between 1946 and 1949 the admission rate for psychoneurotic disorders was 36.7 percent and increased to 37.8 percent between 1962 and 1965; and

Whereas, this report also reveals a significant number of hospital admissions between 1946 and 1949 for chronic constitutional diseases such as circulatory diseases of 9.3 percent; 15.4 percent between 1950 and 1953, and 22 percent between 1962 and 1965. Respiratory diseases between 1946 and 1949 revealed a hospital rate of 31.6 percent. This subsequently reduced to 14.7 percent between 1962 and 1965. Intestinal, peritoneum, liver, etc., were 12 percent from 1946 to 1949, reducing to 5.8 percent between 1962 and 1965. Genito-urinary diseases ranged 8.9 percent between 1946 and 1949 and continued at approximately the same rate through 1965. Skin and cellular tissues ranged 15.8 percent between 1946 and 1949. Bones and organs of movement ranged at 14.7 percent between 1946 and 1949; now, therefore, be it

Resolved, by The American Legion in National Convention assembled in New Orleans, Louisiana, August 22, 23, 24, 1978, that The American Legion sponsor and support legislation in the Congress of the United States to amend 38 USC 312(c)(2) to read as follows: "Psychosis or psychoneurosis which became manifest to a degree of 10 per centum or more within 7 years from date of separation from service"; and, be it further

Resolved, that 38 USC 312(c)(2) be further amended by adding a new subsection to read as follows: "(3) Any chronic constitutional disease becoming manifest to a degree of 10 per centum or more within 5 years from the date of separation from service."

Approved.

STATEMENT OF ROBERT E. LYNGH, DIRECTOR, NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION, THE AMERICAN LEGION

Mr. LYNGH. Mr. Chairman, we appreciate the opportunity to express the views of The American Legion on the report of "Study of Former Prisoners of War." We shall direct our summarized statement to the recommended legislative and administrative actions on the study of the former prisoners of war with the request that our full statement be entered in the record.

Proceeding as quickly as we possibly can, sir, our recommendation, No. 1, that title 38 U.S.C. be amended to authorize eligibility to former POW's for VA hospital care and medical services for any disease or neuropsychiatric disability. We feel strongly that the legislative action should be revised so that the amendment to title 38 United States Code would provide the former POW's be authorized eligibility for VA hospital care and medical services other than dental care for any disease and/or psychiatric disability with the same priority as that granted to veterans seeking care for a service-connected disability.

Recommendation 2, that title 38 U.S.C. be amended to eliminate the requirement that psychoses suffered by POW's must become manifest within 2 years following service separation before the rebuttable presumption of service connection arises. We concur with the proposed recommendation.

Three, that a specific date be designated as an annual National POW/MIA Recognition Day. The American Legion is in agreement with the purpose of this recommendation and we urge its enactment.

The administrative actions: That the VA's forthcoming guidelines on post-traumatic stress neurosis include an explicit reference to former POW's as well as other combat veterans. We recommend an amendment to 38 U.S.C. 321(c) so as to provide that anxiety neurosis or similar neurotic disorder manifested to a degree of 10 percent or more shall be considered to have been incurred in or aggravated by such service. We have no objection to the use of specific guidelines to diagnose, treat or rate these disorders.

No. 2, that the VA adopt a standardized protocol for disability compensation examinations for all former POW's similar to that developed by the military for the former Vietnam POW's.

When such a protocol is standardized for disability compensation examinations for POW's, it is suggested that periodic reviews be made by the Chief Medical Director's office to assure that there is compliance by examining physicians.

No. 3, that follow-up medical treatment and research of former Vietnam POW's still on active duty be continued by DOD. The American Legion supports the purpose of this recommendation.

No. 4, that the VA take such action as is necessary to establish an advisory committee of authorities in the types of disabilities prevalent in former POW's. We believe the proposal has merit. It should, though, be established by Congress as to its composition and outline of purpose.

No. 5, that the VA review its manual and computerized records and forms to identify those which should be identified with POW indicators, and then take the appropriate administrative actions to insure that these records and forms are so identified.

The study catalogs the benefits that should result both to the POW veteran and to the VA. Care should be used, though, that no embarrassment be created for the individual POW. Some of these individuals are very sensitive to being so labeled.

No. 6, that the VA periodically emphasize the special health care and compensation procedures applicable to former POW's. We agree with the intent of the proposal.

No. 7, that the VA designate certain individuals to be the VA Central Office coordinators with the responsibility for assisting in the implementation of ongoing programs for former POW's. We agree that there is a need for coordinating activities within the VA, as well as with activities in the Department of Defense and to maintain a liaison with individuals and POW organizations.

Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you, Mr. Lyngh.

Mr. Brinsky.

STATEMENT OF MR. GABRIEL BRINSKY, NATIONAL SERVICE AND LEGISLATIVE DIRECTOR, AMVETS

Mr. BRINSKY. AMVETS appreciates the opportunity to express its views concerning the POW study of former prisoners of war mandated by Public Law 94–479.

In our view, it is unfortunate that such a study was not conducted long before this, and it is also unfortunate that the study has left so many unanswered questions. Some strides have been made and of these we are appreciative. Some recommendations have been made in the study which will rectify glaring deficiencies in the prior adjudication of POW claims.

What is particularly disturbing to AMVETS is that the study did not go far enough. It concedes that a review of World War II claims folders reveal a lack of repatriation examinations. Yet, no recommendations as to possible administrative actions were made. No comment was made as to the desirability of considering possible presumptions relative to certain disabilities.

We realize that medically it is extremely difficult to establish the genesis of certain diseases. Medicine is a science which has its limitations. At times in determining whether a causal relationship exists, such must be empirically established. This was done in the study relating to the effect of amputations upon the cardiovascular system.

We were disappointed that the study did not resolve many of the questions which have been crying out for solution, for example, as to the effects of malnutrition in the genesis of certain systemic diseases such as diabetes, cirrhosis of the liver, cardiovascular diseases, sensory neural hearing loss, tinnitus, optic atrophy, to name a few.

We had hoped that the effects of stress, maltreatment and incarceration in the genesis of cardiovascular diseases in particular would have been resolved.

While we have no objection to the Veterans' Administration establishing an advisory committee of authorities, we believe that there are other actions which the Veterans' Administration can take immediately. We also feel that the following actions should no longer be delayed:

1. The recommendations of the study should be immediately implemented.

2. By administrative action or legislative mandate, the VA should provide that where a repatriation examination is not of record, certain diseases identifiable as possibly having the genesis in malnutrition, stress, or incarceration should be presumed to have been incurred during service in the absence of a showing of an intervening cause.

3. That studies of the effects of malnutrition and other hardships on the mortality and morbidity of former POW's continue.

In conclusion, AMVETS would like to observe that while we are appreciative of the advances made by the study, we feel that it is not anywhere near complete. Although there may not be any medical substantiations presently established, we are convinced that there are many systemic diseases which have their genesis in a POW experience. And we are convinced, as stated earlier, that the relationship in many cases may have to be established empirically rather than medically.

Thank you for having accorded AMVETS this opportunity to present its views.

Mr. MONTGOMERY. Thank you, Mr. Brinsky.

Mr. Schwab, your entire written statement will appear at this point in the record.

[Statement follows:]

STATEMENT OF DONALD H. SCHWAB, DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES, WITH RESPECT TO THE JOINT VETERANS ADMINISTRATION AND DEPARTMENT OF DEFENSE PRISONER OF WAR STUDY

Mr. Chairman and members of the subcommittee: Thank you for the privilege of appearing before this distinguished Subcommittee to present the views of the Veterans of Foreign Wars of the United States with respect to the issue at hand.

My name is Donald H. Schwab and it is my privilege to serve the more than 1.85 million men and women of the Veterans of Foreign Wars as their National Legislative Director.

Mr. Chairman, as is a matter of record, section 305 of Public Law 95-479, the "Veterans' Disability Compensation and Survivors' Benefits Act of 1978," approved October 18, 1978, required the Veterans Administration, in consultation with the Secretary of Defense, to conduct a prisoner of war study to assure that

our former prisoners of war are receiving needed compensation and health-care benefits for disability due to their internment. A report based upon this study was to have been transmitted to the President and Congress not later than February 1, 1980. The report, consisting of 181 pages, is dated May 1980 and a copy was made available to me the first week of June.

Mr. Chairman, those of us who, thank God, did not have the misfortune of becoming prisoners of war while serving in the Armed Forces will never comprehend the unspeakable degradation, dehumanization and physical and mental torture to which these noble veterans were subjected by enemies displaying varying degrees of inhumanity and sadistic, degenerate and barbaric behavior toward their fellow man stooped to by their captors. We may read of death marches, starvation diets and the absence of medical care in German stalags; the bayonetting of prisoners on Bataan, fingernail and water torture, plus beatings and beheadings by the Japanese not to mention forced labor throughout World War II; brainwashing, psychological warfare and execution of emaciated prisoners in Korea; the physical and mental torture inflicted by Vietnamese in the form of prisoners being manacled in chains to their beds for months, placed in solitary confinement for several years, lengthy interrogations and beatings resulting in untreated orthopedic injuries. Yes, we may read of these despicable acts. We may even hear horror tales from a former prisoner of war with whom we enjoy close, long rapport but comprehend, we never can.

According to the VA report, 142,307 American Armed Forces personnel have been captured and interned by various enemies. There were 4,120 in World War I; 130,121 in World War II; 7,140 in Korea; 80 from the *Pueblo* and 755 in Vietnam of whom 7 are still carried as prisoners. While in captivity, 17,026 of our service personnel died, 21 refused repatriation, 125,253 were returned to U.S. military control and it is estimated as of January 1, 1979, 98,494 of our former prisoners of war were still living. The average length of internment of prisoners of war in Europe during World War II was 347 days; in the Pacific during World War II, 1,148 days; during the Korean Conflict, 737 days and some of our personnel were interned by the Vietnamese for nearly 7 years.

Although studies with respect to prisoners of the Vietnamese have not been completed, the most frequent disability incurred by World Warr II and Korean prisoners is, understandably, anxiety neurosis (the degree of impairment increasing in direct proportion to the length of captivity) followed closely by avitaminosis (vitamin deficiency and malnutrition), arthritis, frozen feet residuals and scars. For prisoners of the Koreans, the list continues with skin disease, beriberi, pellagra, malaria, eye disease, respiratory diseases and gastrointestinal diseases while, in addition, prisoners of the Japanese also suffer from genitourinary diseases, psychoneurological diseases and cardiovascular diseases. Obviously, prisoners of the Orientals as a group received the harshest treatment and suffer the greatest number and degree of disabilities. As substantiated by the report, 41.2 percent of World War II European Theater prisoners of war are in receipt of compensation as compared to 50.6 percent of those who served in the Pacific Theater and 59.2 percent of those in Korea with an overall average of 43.6 percent while the average for all veterans who were not psisoners during those periods of 8.4 percent. Likewise, the average degree of service-connected disabilities for former prisoners of war is higher than that of veterans in general.

Of great importance to former prisoners of war, VA claims folders surveyed revealed that less than one-fifth of the European Theater POWs who have filed claims with the VA for disability compensation had evidence of a repatriation examination and the figure rose to approximately three-fifths for Pacific Theater POWs and approximately 85 percent for Korean POWs. It was also found that ommissions from examinations either made other portions of the examination difficult to understand or contributed to the examination being judged less than good or adequate. Over half of the examinations contain no medical history prior to capture. Approximately one-third of the examinations has inadequate evaluation of the former POWs mental status and psychiatric conditions. In the absence of a repatriation examination, adjudication of claims related to the POW experience must be made without advantage of this crucial evidence. This paucity of medical records to substantiate claims for compensation has caused, and continues to cause, our former POWs to suffer great frustration in addition to their disabilities which may take years to surface. In an effort to reconstruct such records and support their claims, they have been advised to obtain "buddy statements." When such documents are submitted to the Veterans Administration, they are

nearly always discredited as having been made from "remote memory," which would appear to be in direct violation of the spirit of section 4.2 of the Veterans Administration Schedule for Rating Disabilities with respect to "resolution of reasonable doubt."

The report recommends legislative actions in three areas and administrative actions in eight others as follows:

RECOMMENDED LEGISLATIVE ACTIONS

1. That title 38 U.S.C. be amended to authorize eligibility to former POWs for VA hospital care and medical services for any disease or neuropsychiatric disability.

2. That title 38 be amended to eliminate the requirement that psychoses suffered by POWs must become manifest within two years following service separation before the rebuttable presumption of service-connection arises.

3. That a specific date be designated as an annual National POW/MIA Recognition Day to honor and recognize the extreme sacrifice made for their country by this special group of combat veterans.

RECOMMENDED ADMINISTRATIVE ACTIONS

1. That the VA's forthcoming guidelines on "post-traumatic stress neurosis" include an explicit reference to former POWs as well as other combat veterans, and that these guidelines specifically be used to diagnose, treat, and rate former POWs with anxiety neurosis or similar neurotic disorders as well as other combat veterans.

2. That the VA adopt a standardized protocol for disability and compensation examinations for all former POWs similar to that developed by the military for the former Vietnam POWs, and that each VA medical center designate certain physicians knowledgeable about former POWs and their medical problems to conduct or supervise such examinations for purposes of follow-up treatment and research.

3. That follow-up medical treatment and research of former Vietnam POWs still on active duty be continued by DOD, and that follow-up treatment and research of former Vietnam POWs separated from the military be conducted at VA medical centers using military protocols, with the individual results of such examinations furnished to DOD and the statistical results published and disseminated by the VA.

4. That the VA take such action as is necessary to establish the proposed advisory committee of authorities in the types of disabilities prevalent in former POWs, use the expert opinions of the panel to assess the medical evidence on former POWs and advise the Administrator and his staff on agency policies and procedures concerning former POWs.

5. That the VA implement procedures for conducting thorough pathological material examinations (surgical, cytologic, autopsy) of former POWs whenever possible, conduct special mortality studies when sufficient data is available, and provide such data as evidence in individual cases for determination of whether the death was the result of service-connected disability.

6. That the VA review its manual and computerized records and forms to identify those which should be identified POW indicators, and then take the appropriate administrative actions to ensure that these records and forms are so identified.

7. That the VA periodically emphasize the special health care and compensation procedures applicable to former POWs through its agency information and education programs, and that a copy of this report be provided each VA medical center and Regional Official as a reference on former POWs.

8. That the VA designate certain individual(s) to be the VA Central Office coordinator(s) with the responsibility for assisting in the implementation of ongoing VA programs for former POW's; serving as liaison with individual former POWs, former POW groups, and the DOD Office of POW/MIA Affairs; and monitoring this study's recommendations.

Following a review of the Veterans Administration and Department of Defense study on former prisoners of war, only one conclusion can be drawn and that is that the exercise is of such poor quality that both agencies should stand accused of gross negligence for they have said little new and proposed less to improve the status of former POWs. Moreover, the short period that the report was available for study following more than 2½ years in preparation permitted limited time for response on a subject as sensitive as this issue.

It is, indeed, shameful that our nation, the most affluent in the world and the model for democracy, some 35 years following the termination of World War II still does not recommend the consideration for former POWs granted by the Canadian Government in 1946. As the report states, the Canadian Government granted pensions, the equivalent of service-connected, for all former POWs of the Japanese based on the presumption of vitamin deficiency during internment. In addition, these former POWs were granted medical and hospital treatment for the diagnosis and treatment of any illness not a compensable condition unless it was specifically stated by the medical authority that it was not related to the service-connected disability. Further, the surviving wife of any pensioner paid at 50 percent or more disability is automatically eligible for widow's pension upon the death of the veteran. Laws relative to former Canadian POWs have been reviewed and updated four times since 1946.

The first legislative recommendation in the report, to amend title 38 U.S.C. to authorize eligibility to former POWs for VA hospital care and medical service for any disease or neuropsychiatric disability although a step in the right direction, loses much of its substance when the priority is that granted a service-connected veteran seeking care for a non-service-connected disability. This Committee knows, as we know, that today veterans with both service-connected and non-service-connected disabilities are being denied care at VA facilities throughout the nation.

The recommendation of the V.F.W. is that legislation be introduced and enacted to grant all former prisoners of war not already service-connected, service-connection on the presumption that they suffer one or more of the disabilities attributable to their POW experience and issued the VA patient data card, service-connected priority with purple triangle authorizing priority outpatient treatment and hospitalization. Furthermore, because psychiatric and other conditions related to the POW experience frequently appear many years after service, service-connection should be granted to all former POWs for neurosis or psychosis and any other disability related to their experience as POWs whenever manifested. Many disabilities are manifested years after repatriation which can be attributed to the rigors of POW status, the resultant effect of malnutrition, tropical disease, dietary deficiencies, forcer labor, inhumane treatment and practically non-existent medical care. Finally, adjudication of DIC claims must be most thoroughly and compassionately reviewed in the case of former POWs with psychiatric conditions whose death results from suicide, accidents, trauma and alcohol abuse.

Mr. Chairman, we believe the foregoing would recognize the special requirements of our former POWs and reflect due consideration of their needs by law rather than by individual interpretation which has varied greatly and caused considerable hurt to these veterans.

Mr. Chairman, the V.F.W. would support the introduction and passage of legislation to establish a specific annual date for national recognition to honor and recognize the sacrifices of former American prisoners of war and our Armed Forces personnel still listed as missing in action.

Mr. Chairman, the recommended administrative actions in the report although belated, are not controversial and the V.F.W. is supportive thereof.

Mr. Chairman, we believe the greatest value of the report is that it refocuses attention on the plight of our former prisoners of war and officially recognizes "that psychosis related to the POW experience frequently appears years after service, and not just immediately after separation."

This concludes my testimony, Mr. Chairman, and I will be happy to respond to any questions you may have.

Thank you.

STATEMENT OF DONALD H. SCHWAB, DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. SCHWAB. Thank you, Mr. Chairman. In accordance with your request, I'll summarize with the understanding the statement will be published in full in the record.

It has been brought out in this hearing the primary concern of prisoners of war is establishment of service-connection for their

disabilities and medical care furnished by the Veterans' Administration. The paucity of medical records to substantiate their claims has been a constant source of frustration to former prisoners of war. They are advised to seek buddy statements to substantiate a claim and when they are obtained, the VA says in almost all cases, they were made from remote memory, casting aspersions on the veracity of such, and this would appear to be in direct violation to section 4.2 of the VA rating schedule.

It is, indeed, shameful, Mr. Chairman, that our Nation, the most affluent in the world and the model for democracy some 35 years following the termination of World War II, still does not recommend the consideration for former prisoners of war granted by the Canadian Government in 1946.

Mr. Chairman, the recommendation of the VFW is that legislation be introduced and enacted to grant all former prisoners of war, not already service-connected, service connection on the presumption that they suffered one or more of the disabilities attributable to their prisoner of war experience, and that they be issued the VA patient data cards, service-connected priority with the purpose triangle authorizing priority outpatient treatment and hospitalization.

Furthermore, because psychiatric and other conditions related to the prisoner of war experience frequently appear many years after service, service-connection should be granted to all former POW's for neurosis or psychosis or any other disability related to their experience as prisoners of war, whenever manifested.

Finally, adjudication of DIC claims must be thoroughly and compassionately reviewed in the case of former POW's with psychiatric conditions whose death results from suicide, accidents, trauma or alcohol abuse.

And, departing from my prepared statement, the question is raised with respect to the 6 months presumptive period. You think about this, and I thought, suppose I had been a Jewish lad and served in Germany instead of the Pacific area and suppose I'd been captured by the Germans, knowing that one of the aims of the Third Reich was to wipe out the Jewish population of the world. I'm quite sure at that very moment of captivity, I would have suffered severe anxiety reaction, if not gone into a complete psychotic break.

We are considering submitting resolutions to this convention to completely abolish the 6-month presumptive period for all prisoners of war.

I thank you, Mr. Chairman.

Chairman MONTGOMERY. Thank you very much. Thank you, Mr. Schwab.

Mr. Joeckel has appeared before this committee a number of times, also. We would like to hear from you. Your complete written statement will appear at this point in the record.

[Statement follows:]

STATEMENT OF CHARLES E. JOECKEL, JR., ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

Mr. Chairman and members of the subcommittee: On behalf of the 669,000 members of the Disabled American Veterans, particularly those among our ranks who are former Prisoners of War, let me say that we appreciate this opportunity to

present our views on the recently released Veterans Administration's Study of Former Prisoners of War.

Let me state at the outset, Mr. Chairman, that we view these hearings today as strictly oversight in nature. While we are grateful to you and the members of the subcommittee for scheduling this early hearing, we do not feel compelled to swiftly dispose of the issue at hand.

Instead, we would prefer (1) careful consideration of whether or not further study is needed in terms of extending presumptions of service-connection for certain disabilities not normally associated with the POW experience, (2) further analysis of and response to the VA POW Study by both the professional community and those (DAV NSOs) who are about the business of representing claims of former POWs before the Veterans Administration and (3) to await the forthcoming results of the Keehn's Study currently being conducted by the National Academy of Sciences, National Research Center.

We make these recommendations cognizant of the desire of the Congress and the Administration to "hold the line" on federal expenditures and to balance the budget in Fiscal Year 1981. Further, we believe that the recommendations contained in the VA Study and other proposals made in this and other presentations should be properly evaluated in terms of their cost impact and, after such evaluation, presented to the Budget Committee as part of the full Committee's legislative proposals in accordance with the Budget Act. In this way, anticipated program funding may be properly set out in the Congressional Budget Resolution for the next Fiscal Year.

Mr. Chairman, the DAV knows that this Committee is highly sympathetic to the problems of former Prisoners of War. Over the years, you have demonstrated your concern by enacting legislation aimed specifically to benefit former POWs. Of equal importance, you have stressed your desire that the Veterans Administration administer these laws and regulations in the most liberal fashion possible. (H. Rept. No. 91-1166)

In this connection, we believe, and I am sure you would agree, Mr. Chairman, that it would be a tragedy to implement the findings of the VA POW Study in "piecemeal" fashion. For these reasons, the Disabled Americzn Veterans strongly urges the Committee to resist such action in favor of implementation only after a comprehensive review.

With these thoughts in mind, Mr. Chairman, we believe it is important to recall, for a moment, the tragic experiences of the American former Prisoner of War during World War II, Korea and Vietnam:

"In February 1945, the Russian offensive threatened to engulf Stalag Luft No. 4. On 6 February 1945, about 6,000 prisoners were ordered to leave the camp on foot after only a few hours notice. We left in three separate sections . . . it was a march of great hardship. For 53 days, we marched long distances in bitter weather and on starvation rations. We lived in filth, slept in open fields or barns. Clothing, medical facilities and sanitary facilities were utterly inadequate. Hundreds of men suffered from malnutrition, exposure, trench foot, exhaustion, dysentery, tuberculosis and other diseases. No doubt many men are still suffering today as a result of that ordeal."—Testimony of Dr. Leslie Caplan Former Prisoner of War at Stalag Luft No. 4—European Theatre.

"Approximately 11,000 Americans surrendered at Bataan, April 9, 1942. Most of them were required to make the "death march" from Mariveles to Camp O'Donnell, a distance of about 100 miles. Most of the journey was accomplished on foot but part of the way they were carried in baggage cars. It took various groups from 5 to 12 days to make the trip. Approximately one-fifth of the group died along the wayside, many stragglers having been shot or bayoneted by the guards. There was no general issue of food. From time to time, small quantities of rice were given out but many of the men received nothing to eat throughout the entire period of the march. Water was available in artesian wells as well as streams and puddles, many of which were contaminated. Upon arrival at O'Donnell, most of the prisoners had diarrhea and edematous legs. There was little food and the quarters were crowded. Medical care consisted of only what the American prisoners were able to provide for themselves. During the first six weeks at O'Donnell, 1,492 Americans died."—(*American Journal of Psychiatry*, Vol. 104, September 1947) Pacific Theatre—World War II.

"The severest 'apathy' reactions occurred in the winter of 1950 when large numbers of men were captured, marched north, and quartered for weeks on end in inadequately supplied temporary camps. Disease was very prevalent at this

time, and many men died of dysentery, pneumonia, or exposure; but, according to a number of observers, including American Medical Corp officers who were themselves POWs, some of the deaths did not seem warranted by the physical conditions of the men, who seemed to become listless and indifferent to taking care of their bodily needs. They retreated further within themselves, refusing to eat even what food was available, and eventually laid down and curled up, as if waiting for death to overtake them."—(*A Prisoner of War Syndrome: Apathy as a Reaction to Severe Stress;* Strassman, Thaler and Schein 1956) Korea.

"The most typical torture method was the "ropes." This procedure involved tightly wrapping wire or rope around both elbows, and then pulling the elbows together behind the man's back. Pain was caused by the tourniquet effect on the forearms as well as the tension on the shoulder girdles. Dislocated shoulders, fractured clavicles and peripheral nerve damage of varying duration were not infrequent complications. The method was remarkably effective, and strong men were pleading for relief in a matter of minutes. I heard stories of some POW's lasting for many hours in the ropes, but I think this was largely a function of how firmly the method was administered, rather than the resistive abilities of the man. Nevertheless, while the duration of the procedure might vary, the final outcome did not."—(*Operation Homecoming; Psychological Observations of Repatriated Vietnam Prisoners of War;* Robert S. Anderson, Psychiatry, Vol. 38, February 1975) Vietnam.

The POW Study and Recommendations

Mr. Chairman, Veterans Administration statistics show that there are 98,494 living former Prisoners of War. Some 36,241 of these are currently receiving either VA compensation or pension benefits.

As the VA Study indicates, 50.6 percent of all living Pacific Theatre ex-POWs are receiving service-connected disability compensation as compared with all other living World War II veterans (9.6 percent), or former European Theatre POWs (41.2 percent). Further, the average disability rating for former Pacific Theatre POWs (40.3 percent) is significantly greater than for all other service-connected World War II veterans (27.9 percent) or former European Theatre POWs (27 percent).

Nearly half (48.8 percent) of living Pacific Theatre ex-POWs receiving disability compensation are rated at 50 percent or more as compared to 20.1 percent of POWs from the European Theatre. Further, 22 percent of living Pacific Theatre ex-POWs have unemployability ratings—an assignment of total disability made when a veteran has a service-connected disability rated at less than 100 percent which renders him unable to engage in substantial, gainful employment—as compared to all other living World War II veterans, 5.5 percent, and former European Theatre POWs, 5.3 percent.

A closer look at these statistics provided to us on pages 89 and 90 of the POW Study, however, reveals somewhat of a different story—a story which is, in our opinion, a sad commentary on how our nation rewards those who have suffered at the hands of our enemies.

Mr. Chairman, of the 98,494 living former POWs, 62,253 or 63 percent receive no benefits at all from the Veterans Administration. Further, of the 36,241 who do receive VA benefits, 3,830 former POWs are in receipt of VA nonservice-connected disability pension payments—provided to those wartime veterans who are totally disabled from injury or disease which cannot be shown to have been incurred while on active military duty and whose income is, generally, below the national standard of need.

The VA study indicates that 26.4 percent of all POWs currently in receipt of VA compensation are evaluated at 50 percent or greater—most of these are POWs of the Pacific Theatre. This percentage equates to a figure of approximately 8,560 veterans or about 9 percent of all living former Prisoners of War. Further, 8.7 percent of former POWs entitled to VA compensation payments are receiving benefits based upon individual unemployability ratings—this equates to approximately 2,850 veterans or 3 percent of all living POWs. In addition, the study does not indicate how many, if any, former POWs have schedular 100 percent evaluations.

The point is, Mr. Chairman, in our view, we just simply have not done enough for our former Prisoners of War. Given the vast amount of study and documentation of the American Ex-POW experience over the past thirty years, it is almost

inconceivable that so few POWs are in receipt of VA compensation payments. Further, it is, in our opinion, a disgrace that any former POW should be in receipt of VA nonservice-connected disability pension benefits.

RECOMMENDATIONS

Mr. Chairman, the VA POW Study is an excellent one. However, it is, more or less, a compilation of study data which has been generally available for the past thirty years and confirms what has been known for some time.

These findings include: (1) That POWs suffered greater physical and mental impairment than their veteran counterparts; (2) That POWs deserve greater recognition than has been accorded to them over the years; (3) That research on the ex-POW experience should be ongoing in the VA; and (4) That the importance of VA benefits available to former POWs should be, from time to time, reemphasized to VA personnel and to the former POWs themselves.

These concepts, Mr. Chairman, are embodied in the Recommendations section of the VA Prisoner of War Study.

The first of three legislative recommendations contained in the study would expand eligibility for VA medical care for any disease or neuropsychiatric disability suffered by any former prisoner of war. Such care would be provided on the same basis as is currently extended to service-connected veterans applying for treatment and care of nonservice-connected disabilities at VA facilities.

Aside from the fact that this recommendation is a very meritorious one, such examination and treatment records would be an invaluable source for research on the physical and mental impairments suffered by former POWs. The DAV believes strongly that such evidence would assist in determining if certain other presumptions should be extended for service-connection of diseases and disabilities not now accepted as associated with the POW experience (e.g. cardiovascular disorders, carcinoma).

We note, Mr. Chairman, that this legislative proposal is void of any reference to periods of captivity—usually requiring a period of internment of six months or more. We also note that the recommendation specifically excludes eligibility for VA dental care, without comment as to the reasons why.

The DAV believes that, consistent with the VA recommendation for inpatient and outpatient medical care and in line with our later proposals, the six months captivity requirement for POW eligibility for outpatient VA dental care should also be eliminated. The current provision regarding eligibility for VA outpatient dental care is inherently unfair to those former POWs who otherwise suffered dietary deficiencies, forced labor or inhumane treatment for periods of one to five months. Accordingly, the DAV strongly supports this VA legislative proposal and further recommends the expansion of VA dental care services to all former Prisoners of War.

The second of the VA legislative recommendations proposes to amend Section 312(c)(2) of Title 38, U.S. Code to eliminate the requirement that psychosis suffered by former POWs must become manifest to a degree of 10 percent or more within two years following separation from active military service. Such an amendment amounts to an "open-ended" presumption of service-connection for former POWs who develop psychotic disorders at any time after active duty service.

Let me state here, Mr. Chairman, that the DAV concurs in this recommendation.

However, we strongly believe that within this VA study and others conducted over the years, there exists a preponderance of evidence to support a similar recommendation for all psychiatric disabilities developed by former Prisoners of War.

Turning to page 84 of the study, we find in a comparison between Europen Theatre POWs and all veterans of World War II, the percentage of veterans service-connected for axiety neurosis (11 percent for all World War II veterans) doubles for POWs held for a period of zero to three months (22 percent) and gradually increases with longer periods of captivity. Further, anxiety neurosis is the most prevalent service-connected condition accounting for 11.4 percent of all former Pacific Theatre POW service-connected diagnoses. Among Korean POWs, anxiety neurosis is the most prevalent service-connected condition accounting for 11.1 percent of all service-connected ratings.

Although similar information concerning Vietnam Era POWs is not yet available, the Naval Health Research Center has conducted a follow-up study of Pueblo POWs. The results of this study indicated that the most prevalent medical problem observed among these former POWs was psychoneurological.

While we support the VA legislative recommendation to provide an "open-ended" presumption of service-connection for a psychosis, we strongly urge the enactment of legislation which would extend such a presumption for any psychiatric condition developing in former Prisoners of War.

In this connection, we feel compelled to comment on Section 312(b) and (c) of Title 38, U.S. Code. As you know, Mr. Chairman.

Section 312(b) provides that if a veteran is held as a prisoner of War for a period of six months or more, he/she is deemed to have suffered dietary deficiencies, forced labor or inhumane treatment "in violation of the Geneva Conventions of July 27, 1929 and August 12, 1949." This provision infers a presumption of service-connection for any of those disabilities listed in Section 312(c).

Section 312(c) implies that vetern POWs held for periods of less than six months must show that they in fact suffered such dietary deficiencies, forced labor and maltreatment.

These provisions were added to Title 38, U.S. Code by Public Law 91-376. The DAV researched the accompanying House Report No. 91-1166 for further clarification of Section 312(c) of Title 38, U.S. Code. In our view, it remains unclear as to whether or not the presumptions in Section 312(c) are reserved exclusively for veterans held as POWs for a period of at least six months.

In any event, Mr. Chairman, the DAV urges the deletion of the six months requirement from Section 312(b) of Title 38, U.S. Code. We base our view on the fact that if a POW, held less than six months as a captive, is in otherwise good health and does not suffer the residuals of any of the disabilities listed in Section 312(c), the VA has conferred no benefit entitlement upon such veteran POWs. If, in fact, a POW suffers the residuals of one of the conditions outlined in Sestion 312(c), more than likely it was indeed incurred in the area in which active duty military service occurred or was the direct result of POW internment.

Accordingly, we respectfully request that you give serious consideration to eliminating the six months captivity clause relating to former Prisoners of War contained in Section 312(b) of Title 38, U.S. Code.

Mr. Chairman, pages 95 and 96 of the VA Study list several disabilities most prevalent among the various groups of former Prisoners of War. We have already commented on the most significant of these impairments—anxiety neurosis—earlier in this presentation.

Based upon the VA Study report and the previous studies conducted regarding these impairments, the DAV supports an amendment to Section 312(c) of Title 38, U.S. Code to extend the presumption under these provisions to include the disabilities of arthritis, frozen feet and gastrointestinal disorders. We believe our recommendation to be entirely consistent with the liberalization contained in Public Law 91-376 and feel strongly that arbitrary/blanket granting of such POW claims under this provision would be adequately protected under the provisions of Section 313 of Title 38, U.S. Code—Rebuttable Presumption.

Further, we would urge continued study of the other conditions listed on page 96 of the Study [but not included under Section 312(c)], for example, cardiovascular and respiratory diseases. We strongly urge your support for these recommendations.

Mr. Chairman, if we have any complaint regarding the VA POW Study, it is that nowhere does the VA address the educational training or vocational rehabilitation needs of former Prisoners of War.

From the study of former POWs conducted by Bernard Cohen and Maurice Cooper in 1954 to the follow-up studies by Dr. Gilbert Beebe in 1975 and throughout the VA POW Study released only a few weeks ago, the evidence is clear that former POWs suffer from increased stress, anxiety and psychoses which interfere with their family relationships and other associations as well as their daily work activities.

In a study of recently released Vietnam Era POWs in 1975, Dr. Robert S. Andersen made the following observations in his report entitled "Operation Homecoming: Psychological Observations of Repatriated Vietnam Prisoners of War":

"The emotional investment of these men during the convalescent period in most cases involved participation in the ceremonies honoring their return. Trips to Florida, keys to cities, incessant speeches, the inauguration of baseball seasons, and finally the White House dinner kept them quite involved. Many of the wives resented this, and wished for more personal contact with their husbands. Marital discourse was a paramount concern of some, denied by others, and probably not of much consequence with a few. Divorces were fairly frequent, and I believe the

unofficial rate is about 30 percent. None had yet returned to work, so what effect the long years of captivity will have on their job performance remains to be seen. Manifest symptoms included anxiety attacks, various somatic complaints, and numerous characterologic problems.

"The festivities surrounding their return more or less came to an end with the White House Reception. Now the hard work of returning to society has begun, and it is now that any mass problems will begin to surface."

Mr. Chairman, today we have 3,830 former Prisoners of War who are entitled to VA pension payments—meaning their annual incomes are generally below the national standard of need. It is unknown whether or not these POWs received proper vocational rehabilitation or even if educational training in any way could have prevented them from relying on the federal government for such assistance.

Notwithstanding this, Mr. Chairman, the DAV believes that these individuals should be afforded every opportunity to put their lives back together. As we believe that there should not be a single former POW on the VA pension rolls and to assist them from resorting to VA pension payments in the future, the DAV recommends the enactment of legislation which would extend VA vocational rehabilitation benefits under Chapter 31, Title 38, U.S. Code to all former POWs.

While such a liberalization of law would not be greatly utilized by former POWs of World War II and Korea, it would demonstrate our commitment to address the needs and concerns of all former POWs and would, in particular, benefit Vietnam Era POWs.

In addition, Mr. Chairman, the DAV strongly urges your Committee to request the Veterans Administration to review all 3,830 POW pension claims to insure that proper consideration has been accorded to these cases in terms of their entitlement to service-connected disability compensation benefits.

Finally, Mr. Chairman, suffice it to say that the DAV supports all of the other VA POW Study legislative and administrative proposals, but recommends that representatives of the major veterans' organizations be included as full members of the proposed advisory Committee and the VA Central Office liaison on the implementation of ongoing programs for former POWs.

This concludes my statement, Mr. Chairman. We look forward to working closely with this Committee in considering and implementing the proposals in the VA POW Study and in this presentation. Thank you and the members of the Subcommittee for allowing us this opportunity to present our views on his important subject.

STATEMENT OF CHARLES E. JOECKEL, JR., ASSISTANT NATIONAL LEGISLATIVE DIRECTOR, DISABLED AMERICAN VETERANS

Mr. JOECKEL. Thank you, Mr. Chairman. You will note that, from the full text of our testimony, we spent a lot of time about how we should proceed with the VA study.

The DAV believes that we should give it full consideration, perhaps further hearings, and not implement its findings in a piecemeal fashion, but only implement it and its recommendations after due consideration, particularly in terms and consideration of the budget issues.

Mr. Chairman, there are 98,494 living POW's; 36,241 of these receive VA compensation or pension. This equates to 63 percent of all POW's living today receive no benefits at all from the Veterans' Administration; 3,830 former POW's are in receipt of VA non-service-connected disability pension payments. I point this out, Mr. Chairman, for a recommendation that we will make later.

The first of the VA legislative proposals would extend medical care to all former POW's. That's the way we construed it. We do not construe that it applies only to those veteran POW,s who were in captivity for 6 months or more. We would not support such a provision, and we also recommend the elimination of the 6-month provision regarding VA dental care for former POW's.

We note that the second legislative recommendation would eliminate the requirement that a psychosis suffered by a former POW would have to become manifest to a degree of 10 percent or more following active military service. The elimination would amount to an open-ended service-connection for psychosis. We concur in this recommendation. However, we feel strongly that within the VA study and others conducted over the several years, the evidence supports a similar recommendation for all ratable psychiatric disabilities incurred by former POW's.

The study itself points out that the comparison between European Theater POW's and all veterans of World War II, the percentage of veterans service-connected for anxiety neurosis—11 percent for all World War II veterans—doubles for POW's held for a period of 3 months—22 percent—and gradually increases with longer periods of captivity.

Anxiety neurosis is the most prevalent service-connected condition, among 11.4 percent of all former Pacific Theater POW service-connected diagnoses, Korean POW's, among those, anxiety neurosis is the most prevalent service-connected condition, accounting for 11.1 percent of all service-connected ratings.

Although statistics are not available for Vietnam era POW's, a study by the National Health Research Center conducted on former Pueblo POW's indicates that the most prevalent medical problem among these former POW's was psychoneurological.

Accordingly, we recommend that an open-ended presumption of service-connection for any psychiatric, ratable psychiatric disability be included in title 38, United States Code.

We recommend the deletion of the 6 months requirement under section 312(b) of title 38, United States Code, regarding the presumption of service-connection for certain service-connected disabilities. We base our view on the fact that if a POW held less than 6 months as a captive is in otherwise good health and does not suffer the residuals of any disabilities listed in this section, the VA has conferred no benefit entitlement upon these veterans; in fact, if a POW suffers a residual of one of the conditions outlined in 312(c), more than likely it was, indeed, incurred in the area in which active duty military service occurred, or it was a direct result of POW internment.

The DAV supports an amendment to this same section, 312(c) of title 38, to extend a presumption under the provisions to include the disabilities of arthritis, frozen feet, and gastrointestinal disorders. We believe our recommendation to be entirely consistent with the realization contained in Public Law 91-376, and we feel strongly that arbitrary granting of such POW claims under this provision would be adequately protected under the provisions of section 313 of title 38 regarding rebuttable presentment.

If we have any complaint at all about the POW study, it is that it does not deal with education or employment problems of former POW's. From the studies that have been conducted over several years, the evidence is clear that former POW's suffer increased stress, anxiety, and psychosis which interfere with their family relationships and daily work activities.

Accordingly, we recommend the enactment of legislation that would extend vocational rehabilitation to all former POW's. It would not

necessarily be greatly used by World War II and Korean veterans, but certainly would benefit POW's of the Vietnam era.

Finally, we request that the committee ask the Veterans' Administration to review all 3,830 POW pension claims to insure that proper consideration has been accorded to these cases in terms of their entitlement to service-connected disability compensation benefits.

This concludes my remarks, Mr. Chairman, and thank you.

Mr. MONTGOMERY. Thank you very much.

I'd like to thank the four witnesses from the different service organizations. You always make good suggestions and we will look into these proposals.

What I plan to do, and Mr. Hammerschmidt concurs, is to introduce a bill today or tomorrow with the VA recommendations, and then we'll come back at a later date and work on a more comprehensive bill, after we've considered the suggestions and recommendations of today's witnesses. We'll probably introduce a more comprehensive bill later; but we will introduce this bill right away. Mr. Hall.

Mr. HALL. I have no questions.

Mr. MONTGOMERY. Thank you very much. This hearing has been very helpful and we appreciate the number of witnesses and, also, again, we extend our warmest greetings to our ex-prisoners of war. Very glad to have you here on Capitol Hill. The meeting is now adjourned.

[The meeting was adjourned at 10:09 a.m. to meet at the call of the Chair.]

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